| Connecticut Department of Public Health | Drinking   | g Water | Section |   |
|---|------------|---------|---------|---|
| Water Quality Monitoring and Con        | npliance S | Schedul | e       |   |
| DIAIC AL                                | Cl :C: 1:  | D 1.11  | О Т     | _ |

| PWS ID          | PWS Name                  |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|-----------------|---------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0740034       | MOCKINGBIRD KITCHEN & BAR |             |         |       | NC          | 25          | Р          | GW              |
| Local Address ( | where applicable)         | Service     | Resider | ntial | Commercia   | al Industri | al Combine | ed Agricultural |
| 810 BANTAM R    | OAD                       | Connections |         |       | 1           |             |            |                 |

| ing Requirements         |   |   |  |  |  |
|--------------------------|---|---|--|--|--|
| 00600)                   |   |   |  |  |  |
|                          | 1 rout  | ine (RT) per quarter  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>  | <b>Compliance Status</b>  |  |  |  |
| 10/1/18 - 12/31/18       |   | Complete  |  |  |  |
| 1/1/19 - 3/31/19         |   | Complete  |  |  |  |
| 4/1/19 - 6/30/19         |   |   |  |  |  |
| 7/1/19 - 9/30/19         |   |   |  |  |  |
|                          | 1 routine (RT) per quarte   |   |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>  | Compliance Status   |  |  |  |
| 10/1/18 - 12/31/18       |   | Complete  |  |  |  |
| 1/1/19 - 3/31/19         |   | Complete  |  |  |  |
| 4/1/19 - 6/30/19         |   |   |  |  |  |
| 7/1/19 - 9/30/19         |   |   |  |  |  |
|                          |   |   |  |  |  |
|                          | 1 r   | outine (RT) per year  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>  | Compliance Status   |  |  |  |
| 1/1/18 - 12/31/18        |   | Complete  |  |  |  |
| 1/1/19 - 12/31/19        |   | Complete  |  |  |  |
| 1/1/20 - 12/31/20        |   |   |  |  |  |
|                          | Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18 | 1 rout  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 re  Monitoring Period Collection Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18 |  |  |  |

# **Other Compliance Schedules**

Compliance Schedule ActivityDue DateAchieved DateRESPOND TO SANITARY SURVEY9/27/2017

|                                   | Public Notification Requirements |        |           |                   |                  |          |  |  |  |  |  |  |
|-----------------------------------|----------------------------------|--------|-----------|-------------------|------------------|----------|--|--|--|--|--|--|
|                                   | Compliance                       | Notice | Public No | <u>tification</u> | PN Certification |          |  |  |  |  |  |  |
| Violation/Situation               | Period                           | Tier   | Required  | Performed         | Due to DPH       | Received |  |  |  |  |  |  |
| Total Coliform M&R Violation      | 1/1/16 - 3/31/16                 | 2      | 7/24/2016 |                   | 8/3/2016         |          |  |  |  |  |  |  |
| Physical Parameters M&R Violation | 1/1/16 - 3/31/16                 | 3      | 6/27/2017 |                   | 7/7/2017         |          |  |  |  |  |  |  |
| Physical Parameters M&R Violation | 7/1/16 - 9/30/16                 | 3      | 2/17/2018 |                   | 2/27/2018        |          |  |  |  |  |  |  |
| Total Coliform M&R Violation      | 7/1/16 - 9/30/16                 | 3      | 2/17/2018 |                   | 2/27/2018        |          |  |  |  |  |  |  |

|                 | Water System Facility and Sampling Point Inventory |          |                      |             |                   |          |          |       |        |  |  |  |
|-----------------|--|----------|----------------------|-------------|-------------------|----------|----------|-------|--------|--|--|--|
| Water<br>System | Water System Facility                              |          | Sampling Point       |             | Total<br>Coliform |          | Achastas |       | Stage  |  |  |  |
| Facility ID     | DISTRIBUTION SYSTEM                                | 1D<br>4  | DESCRIPTION SYSTEM   | Status<br>A | Rule<br>v         | Rule Her | Asbestos | WQP . | Z DBPK |  |  |  |
| 00000           | DISTRIBUTION STSTEM                                | •        | WITHIN 5 SERVICE CON | A           | '                 |          |          |       |        |  |  |  |
|                 |  | UPSTREAM | WITHIN 5 SERVICE CON | Α           |                   |          |          |       |        |  |  |  |
| 00700           | ENTRY POINT  | 3        | ENTRY POINT          | Α           |                   |          |          |       |        |  |  |  |
| 21270           | WELL   | 2        | WELL                 | Α           |                   |          |          |       |        |  |  |  |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

| PWS ID          | PWS Name                         |             |         | Clas              | sification | Population  | Owner Type | <b>Primary Source</b> |
|-----------------|----------------------------------|-------------|---------|-------------------|------------|-------------|------------|-----------------------|
| CT0740034       | MOCKINGBIRD KITCHEN & BAR        |             |         |                   | NC         | 25          | Р          | GW                    |
| Local Address ( | Local Address (where applicable) |             | Resider | sidential Commerc |            | al Industri | al Combine | ed Agricultural       |
| 810 BANTAM ROAD |                                  | Connections |         |                   | 1          |             |            |                       |

|                     |           |              | C                         | ontact Info | ormation        |                        |          |    |       |
|---------------------|-----------|--------------|---------------------------|-------------|-----------------|------------------------|----------|----|-------|
| Name                |           | Organization |                           | Job Title   |                 |                        |          |    |       |
| Ms. Samantha Tille  | у         | Mockingbird  | Mockingbird Kitchen & Bar |             |                 |                        |          |    |       |
| Mailing Address Lin | e One     | ess Line Two |                           |             | City            | State                  | Zip Code |    |       |
| 810 Bantam Rd       |           |              |                           |             |                 | Bantam                 |          | СТ | 06750 |
| Business Phone      | Extension | Fax          | М                         | obile Phone | Emergency Phone | cy Phone Email Address |          |    |       |
| 860-361-6730        |           |              | 91                        | 7-741-8444  |                 |                        |          |    |       |

Contact Role(s): Administrative Contact, Legal Contact, Owner

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                                    | Connecticut D                    | •                    |                  |             |          |                         |          |          | ection    |               |
|------------------------------------|----------------------------------|----------------------|------------------|-------------|----------|-------------------------|----------|----------|-----------|---------------|
|                                    | Water (                          | <b>Quality Monit</b> | oring and        | d Com       | pliai    | nce So                  | ched     | ule      |           |               |
| PWS ID                             | PWS Name                         |                      |                  | (           | Classifi | cation P                | opulatio | on Ow    | ner Type  | Primary Sou   |
| CT074009                           | COZY HILLS CAMPGRO               | UND - WELL 1         |                  |             | N        | С                       | 25       |          | Р         | GW            |
| Local Add                          | ress (where applicable)          |                      | Service          | Residenti   | al Cor   | mmercial                | Indus    | strial   | Combine   | ed Agricultu  |
| 11 COZY H                          | HILL (ROUTE 202)                 |                      | Connections      |             |          | 1                       |          |          |           |               |
| Towns Se                           | rved: LITCHFIELD                 |                      |                  |             |          |                         |          |          |           |               |
|                                    |                                  | Monito               | oring Requ       | iremen      | ts       |                         |          |          |           |               |
| Water Sy                           | stem Facility: <b>DISTRIBUTI</b> | ON SYSTEM (WSF II    | D: 00600)        |             |          |                         |          |          |           |               |
| Total Co                           | liform (3100)                    |                      |                  |             |          |                         |          | 1 rou    | itine (RT | ) per quart   |
| Sam                                | pling Point (Sampling Point ID   | )                    | I                | Monitorin   | g Perio  | od Col                  | lection  | Period   | Comp      | oliance Statu |
| Seled                              | ct from Inventory of Active San  | npling Points        | 1                | 10/1/18 - 1 | 2/31/    | 18                      |          |          | (         | Complete      |
|                                    |                                  |                      | 1/1/19 - 3/31/19 |             |          |                         |          |          |           | Complete      |
|                                    |                                  |                      |                  | 4/1/19 - 6  | 5/30/19  | 9                       |          |          |           |               |
|                                    |                                  |                      |                  | 7/1/19 - 9  | )/30/19  | 9                       |          |          |           |               |
| Physical                           | Parameters (PPS)                 |                      |                  |             |          |                         |          | 1 rou    | itine (RT | ) per quart   |
| Sampling Point (Sampling Point ID) |                                  |                      | 1                | Monitorin   | od Col   | Collection Period Compl |          |          |           |               |
| Seled                              | ct from Inventory of Active San  | npling Points        | 1                | 10/1/18 - 1 | 2/31/    | 18                      |          |          | (         | Complete      |
|                                    |                                  |                      |                  | 1/1/19 - 3  | 3/31/19  | 9                       |          |          | (         | Complete      |
|                                    |                                  |                      |                  | 4/1/19 - 6  | 5/30/19  | 9                       |          |          |           |               |
|                                    |                                  |                      |                  | 7/1/19 - 9  | 9/30/19  | 9                       |          |          |           |               |
| Water Sy                           | stem Facility: ENTRY POIN        | IT - WELL 1 (WSF IC  | ): 00700)        |             |          |                         |          |          |           |               |
| Nitrate A                          | And Nitrite (NOX)                |                      |                  |             |          |                         |          | 1        | routine   | (RT) per ye   |
| Sam                                | pling Point (Sampling Point ID   | )                    | 1                | Monitorin   | g Perio  | od Col                  | lection  | Period   | Comp      | oliance Statu |
| EP -                               | WELL 1 (3)                       |                      |                  | 1/1/18 - 1  | 2/31/1   | L8                      |          | (        | Complete  |               |
|                                    |                                  |                      |                  | 1/1/19 - 1  | 2/31/1   | L9                      |          |          | (         | Complete      |
|                                    |                                  |                      |                  | 1/1/20 - 1  | 2/31/2   | 20                      |          |          |           |               |
|                                    | Wat                              | er System Facili     | ty and San       | npling F    | Point    | Inven                   | tory     |          |           |               |
| Water                              |                                  |                      |                  |             |          | Tota                    | al Le    | ad and   |           |               |
| System                             | Water System Facility            | Sampling Point       | Sampling Poir    | nt          |          | Colifo                  | rm C     | opper    |           | Sta           |
| Facility IE                        |                                  | ID                   | Description      |             | Sta      | tus Rul                 | le Ru    | ıle Tier | Asbesto   | s WQP 2 DI    |
| 00600                              | DISTRIBUTION SYSTEM              | 4                    | DISTRIBUTION     | I SYSTEM    | А        | Y Y                     |          |          |           |               |
|                                    |                                  | DOWNSTREAM           | WITHIN 5 SER     | VICE CON    | Д        | ٨                       |          |          |           |               |
|                                    |                                  | UPSTREAM             | WITHIN 5 SER     | VICE CON    | А        | ١                       |          |          |           |               |
| 00700                              | ENTRY POINT - WELL 1             | 3                    | EP - WELL 1      |             | А        | ١                       |          |          |           |               |
| 21275                              | WELL 1                           | 2                    | WELL 1           |             | А        | ١                       |          |          |           |               |
|                                    |                                  | Con                  | tact Inforn      | nation      |          |                         |          |          |           |               |
| Name                               |                                  | Oı                   | ganization       |             |          |                         |          |          | Job Title | 9             |
| Ms. Lelah                          | Campo                            |                      | zy Hills Campg   | round       |          |                         | Owner    |          |           |               |
|                                    | ddress Line One                  | Mailing Address      |                  |             |          |                         | City     |          | State     | Zip Code      |
|                                    | tam Road                         |                      |                  |             |          | Bantam                  | •        |          | СТ        | 06750         |
|                                    |                                  |                      |                  |             |          |                         |          |          |           | -             |

Emergency Phone Email Address

admin@cozyhills.com

860-281-4051

Mobile Phone

**Business Phone** 

860-567-2119

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-567-8117

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | Water Quarty 1.10111th         | or mig and     | a don      | ipiianee t    | Jeneau         |            |                 |
|------------------|--------------------------------|----------------|------------|---------------|----------------|------------|-----------------|
| PWS ID           | PWS Name                       | Classification | Population | Owner Type    | Primary Source |            |                 |
| СТ0740094        | COZY HILLS CAMPGROUND - WELL 1 |                | NC         | 25            | Р              | GW         |                 |
| Local Address (v | where applicable)              | Service        | Residen    | tial Commerci | ial Industri   | al Combine | ed Agricultural |
| 11 COZY HILL (R  | 11 COZY HILL (ROUTE 202)       |                |            | 1             |                |            |                 |
| Towns Served: I  | ITCHFIELD                      |                |            |               |                |            |                 |

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                     | Connecticut De<br>Water Qu                   | •           |       |                |              |           |          |                  |          | n      |                            |
|---------------------|--|-------------|-------|----------------|--------------|-----------|----------|------------------|----------|--------|----------------------------|
| PWS ID              | PWS Name                                     | uanty M     | JIII  | ornig am       |              |           |          |                  |          | ne Pr  | imary Sourc                |
| CT0740144           | GOOSEBORO DRIVE-IN                           |             |       |                | Ci           | NC        | ation F  | 25               | P        | ре гі  | GW                         |
|                     | (where applicable)                           |             |       | Service        | Residentia   |           | mercial  |                  | -        | oined  | Agricultura                |
| 1293 BANTAN         |  |             |       | Connections    | residential  |           | 1        | maasma           |          | omea   | 7 Ignountario              |
| Towns Served        |  |             |       |                |              |           |          |                  |          |        |                            |
|                     |  | M           | onit  | oring Requ     | irement      | S         |          |                  |          |        |                            |
| Water Syste         | m Facility: DISTRIBUTIO                      | N SYSTEM (  | WSF I | D: 00600)      |              |           |          |                  |          |        |                            |
| <b>Total Colifo</b> | rm (3100)                                    |             |       |                |              |           |          | 1                | routine  | (RT) p | er quarter                 |
| Samplin             | g Point (Sampling Point ID)                  |             |       |                | Monitoring   | Period    | l Col    | lection Peri     | od C     | ompli  | ance Status                |
| Select fr           | om Inventory of Active Samp                  | ling Points |       |                | 10/1/18 - 12 | /31/18    | 3        |                  |          | Co     | mplete                     |
|                     |  |             |       |                | 4/1/19 - 6/  | 30/19     |          |                  |          |        |                            |
|                     |  |             |       |                | 7/1/19 - 9/  | 30/19     |          |                  |          |        |                            |
| •                   | rameters (PPS)                               |             |       |                |              |           |          |                  |          |        | er quarter                 |
|                     | g Point (Sampling Point ID)                  |             |       |                | Monitoring   |           |          | lection Peri     |          |        | ance Status                |
| Select fr           | om Inventory of Active Samp                  | ling Points |       |                | 10/1/18 - 12 |           | 3 :      | 10/1-10/31       |          | Со     | mplete                     |
|                     |  |             |       |                | 4/1/19 - 6/  | -         |          |                  |          |        |                            |
| \A/=+= C+=          | Facility FNTDV DOINT                         | WICE ID: O  | 22001 |                | 7/1/19 - 9/  | 30/19     |          |                  |          |        |                            |
| •                   | m Facility: ENTRY POINT                      | (WSF ID: U  | J/UU) |                |              |           |          |                  | 4        | - 10   | -\                         |
|                     | Nitrite (NOX)<br>g Point (Sampling Point ID) |             |       |                | Monitoring   | Dorine    | l Col    | lection Peri     |          | _      | T) per year<br>ance Status |
| ENTRY P             |  |             |       |                | 1/1/18 - 12, |           |          | lection Peri     | ou c     |        | mplete                     |
| LINITA              | Olivi (3)                                    |             |       |                | 1/1/19 - 12/ |           |          |                  |          | CO     | iipiete                    |
|                     |  |             |       |                | 1/1/20 - 12/ |           |          |                  |          |        |                            |
|                     |  | Public      | Not   | ification R    |              | •         |          |                  |          |        |                            |
|                     |  |             | C     | ompliance      | Notice       | <u>Pu</u> | blic Not | <u>ification</u> | PI       | V Cert | <u>ification</u>           |
| Violation/Site      | uation                                       |             |       | Period         | Tier         |           |          | Performed        |          |        | Received                   |
| Physical Para       | meters M&R Violation                         |             | 7/1   | /08 - 9/30/08  | 3            | 12/4,     | /2009    |                  | 12/14/   | 2009   |                            |
|                     | Water  | r System F  | acil  | ity and Sar    | npling Po    | oint      | Inven    | tory             |          |        |                            |
| Water               |  |             |       |                |              |           | Tota     | al Lead o        | ınd      |        |                            |
| •                   | ater System Facility                         |             | Point | Sampling Poi   | nt           |           | Colifo   |                  |          |        | Stage                      |
| Facility ID         | CTDIDITION CVCTTA                            | ID          |       | Description    |              | Statu     |          |                  | ier Asbe | estos  | WQP 2 DBP                  |
| 00600 DI            | STRIBUTION SYSTEM                            | 4           |       | DISTRIBUTION   |              | A         | Υ        |                  |          |        |                            |
|                     |  |             |       | WITHIN 5 SER   |              | A         |          |                  |          |        |                            |
| 00700 51            | ITDV DOLLIT                                  | UPSTRE      | AIVI  | WITHIN 5 SER   |              | Α_        |          |                  |          |        |                            |
|                     | ITRY POINT                                   | 3           |       | ENTRY POINT    |              | A         |          |                  |          |        |                            |
| 21279 W             | ELL  | 2           | _     | WELL           |              | A         |          |                  |          |        |                            |
|                     |  |             |       | tact Inforr    | nation       |           |          |                  |          |        |                            |
| Name                |  |             |       | rganization    |              |           |          |                  | Job '    | Title  |                            |
| Mr. Robert H        |  |             |       | ooseboro Drive | e-In         |           |          | Owner            |          |        |                            |
| Mailing Addre       | ess Line One                                 | Mailing A   | ddres | s Line Two     |              |           |          | City             | Sta      | ite    | Zip Code                   |

Mobile Phone

Washington

judith.hammer@snet.net

Emergency Phone Email Address

860-868-2533

06793

CT

30 Revere Road

**Business Phone** 

860-567-9356

Contact Role(s): Legal Contact

Extension

Fax

860-567-4267

| C  | onnectic        | ut Depa | rtme      | nt of        | f Public                                 | Health    | Dri        | ıking   | Water       | Section  | 1        |              |
|--|-----------------|---------|-----------|--------------|--|-----------|------------|---------|-------------|----------|----------|--------------|
|  | Wa              | ter Qua | lity M    | onit         | coring a                                 | nd Con    | nplia      | nce S   | Schedul     | e        |          |              |
| PWS ID P                                 | WS Name         |         |           |              |  |           | _          |         |             |          | e Pr     | imary Source |
| CT0740144 G                              | OOSEBORO DE     | RIVE-IN |           |              | NO                                       |           | IC         | 25      | Р           |          | GW       |              |
| Local Address (who                       | ere applicable) |         |           |              | Service                                  | Resider   | ntial Co   | mmerci  | al Industri | al Combi | ned      | Agricultural |
| 1293 BANTAM RO                           | AD              |         |           |              | Connectio                                | ns        | ns 1       |         |             |          |          |              |
| Towns Served: LIT                        | CHFIELD         |         |           |              |  | ·         | ·          |         | ·           | ·        |          |              |
| Name                                     |                 |         |           | 0            | Organization                             |           |            |         |             | Job Ti   | tle      |              |
| Mr. John Hammer                          |                 |         |           |              | Gooseboro Drive-In                       |           |            |         | Owner       |          |          |              |
| Mailing Address Line One Mailing Addr    |                 |         |           | Addres       | s Line Two                               |           |            |         | City        | State    | ة        | Zip Code     |
| P O Box 372                              |                 |         | 3723      | ş            |  |           | Danbury CT |         |             | 06813    |          |              |
| <b>Business Phone</b>                    | Extension       | Fax     |           | Mobi         | pile Phone Emergency Phone Email Address |           |            |         |             |          |          |              |
| 860-567-9356                             |                 |         |           |              |  | 203-744   | -1791      |         |             |          |          |              |
| Contact Role(s):                         | egal Contact, ( | Owner   |           |              |  |           |            |         |             |          |          |              |
| Name                                     |                 |         |           | 0            | rganization                              |           |            |         |             | Job Ti   | tle      |              |
| Ms. Judith Hamme                         | er              |         |           |              |  |           |            |         |             |          |          |              |
| Mailing Address Li                       | ne One          |         | Mailing . | Addres       | ress Line Two                            |           | City       |         | State       | ة        | Zip Code |              |
|  |                 |         | 1293 Ba   | ntam R       | Road                                     |           |            | Bantan  | า           | СТ       |          | 06750        |
| Business Phone                           | Extension       | Fax     |           | Mobi         | ile Phone                                | Emergency | y Phone    | Email A | Address     |          |          |              |
| Contact Role(s):                         | egal Contact    |         |           |              |  |           |            |         |             |          |          |              |
| Name                                     |                 |         |           | 0            | rganization                              |           |            |         |             | Job Ti   | tle      |              |
| Mr. William Down                         | es              |         |           |              |  |           |            |         |             |          |          |              |
| Mailing Address Line One Mailing Address |                 |         | Addres    | ess Line Two |  | City      |            | State   | ة           | Zip Code |          |              |
|  |                 |         | 1293 Ba   | ntam R       | Rd, Box 251                              |           |            | Bantan  | า           | СТ       |          | 06750        |
| <b>Business Phone</b>                    | Extension       | Fax     |           | Mobi         | ile Phone                                | Emergency | y Phone    | Email A | Address     |          |          |              |
| 860-567-9356                             |                 |         |           |              |  |           |            |         |             |          |          |              |

# Contact Role(s): Administrative Contact Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

| PWS ID           | PWS Name          |             |          | Classification | Population  | Owner Type | Primary Source  |
|------------------|-------------------|-------------|----------|----------------|-------------|------------|-----------------|
| CT0740194        | 920 BANTAM ROAD   |             |          | NC             | 25          | Р          | GW              |
| Local Address (\ | vhere applicable) | Service     | Resident | ial Commerci   | al Industri | al Combine | ed Agricultural |
|                  |                   | Connections |          | 1              |             |            |                 |

| Monitor   | ring Requirements        |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | : 00600)                 |                          |                          |
| Total Coliform (3100)                               |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |
| Select from Inventory of Active Sampling Points     | 10/1/18 - 12/31/18       |                          | Complete                 |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |
|   | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |
| Physical Parameters (PPS)                           |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points     | 10/1/18 - 12/31/18       |                          | Complete                 |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |
|   | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |
| Water System Facility: ENTRY POINT (WSF ID: 00700)  |                          |                          |                          |
| Nitrate (1040)                                      |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                  | Monitoring Period        | <b>Collection Period</b> | Compliance Status        |
| ENTRY POINT (3)                                     | 10/1/18 - 12/31/18       |                          | Complete                 |
|   | 1/1/19 - 3/31/19         |                          | Complete                 |
|   | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |
| Nitrate And Nitrite (NOX)                           |                          | 1 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                  | Monitoring Period        | <b>Collection Period</b> | Compliance Status        |
| ENTRY POINT (3)                                     | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          |                          |

| Water System Facility and Sampling Point Inven | tor | У |
|--|-----|---|
|  | -   | - |

| Water       |                       |                |                      |        | Total    | Lead and  |          |          |     |
|-------------|-----------------------|----------------|----------------------|--------|----------|-----------|----------|----------|-----|
| System      | Water System Facility | Sampling Point | Sampling Point       |        | Coliform | Copper    |          | Sta      | ge  |
| Facility ID | )                     | ID             | Description          | Status | Rule     | Rule Tier | Asbestos | WQP 2 DE | 3PR |
| 00600       | DISTRIBUTION SYSTEM   | 4              | DISTRIBUTION SYSTEM  | Α      | Υ        |           |          |          |     |
|             |                       | DOWNSTREAM     | WITHIN 5 SERVICE CON | Α      |          |           |          |          |     |
|             |                       | UPSTREAM       | WITHIN 5 SERVICE CON | Α      |          |           |          |          |     |
| 00700       | ENTRY POINT           | 3              | ENTRY POINT          | Α      |          |           |          |          |     |
| 21283       | WELL                  | 2              | WELL                 | Α      |          |           |          |          |     |
|             |                       |                |                      |        |          |           |          |          |     |

56907 WATER SOFTENER

|                      |           |     |         | Contact Inf      | ormation        |           |        |           |          |
|----------------------|-----------|-----|---------|------------------|-----------------|-----------|--------|-----------|----------|
| Name                 |           |     |         | Organization     |                 |           |        | Job Title |          |
| Mr. Joel Pondelik    |           |     |         | C/O/ Jackie's    | Restaurant      |           | Owner  |           |          |
| Mailing Address Line | e One     |     | Mailing | Address Line Two |                 |           | City   | State     | Zip Code |
| 162 Spring Valley Ro | oad       |     |         |                  |                 | Ridgefiel | d      | СТ        | 06877    |
| Pusiness Phone       | Extension | Fav |         | Mahila Dhana     | Emergency Phone | Email Ad  | Idrocc |           |          |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

|                  |                |         | Departn<br>Quality |            |                        |         |          | U            |             |                |                 |
|------------------|----------------|---------|--------------------|------------|------------------------|---------|----------|--------------|-------------|----------------|-----------------|
| PWS ID PWS Name  |                |         |                    |            |                        | Classif | ication  | Population   | Owner Type  | Primary Source |                 |
| CT0740194        | 920 BANTAN     | ROAD    |                    |            |                        |         | N        | IC           | 25          | Р              | GW              |
| Local Address (v | where applicat | le)     |                    |            | Service<br>Connections |         | ntial Co | mmercia<br>1 | al Industri | al Combine     | ed Agricultural |
| Towns Served: I  | -              |         |                    |            |                        |         | ·        |              |             |                |                 |
| 203-438-822      |                | "       | Tax                | IVIODII    | e riione L             | 203-438 | <u>'</u> |              | ik@juno.co  | m              |                 |
| Contact Role(s): | Administrat    | ive Con | tact. Legal Co     | ntact. Own | er                     |         |          |              |             |                |                 |

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                           |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|----------------------------------|------------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0740224                        | LOURDES OF LITCHFIELD(UPPER&LOWER) |             |         |       | NC          | 25          | Р          | GW              |
| Local Address (where applicable) |                                    | Service     | Resider | ntial | Commercia   | al Industri | al Combine | ed Agricultural |
| 83 MONTFORT                      | ROAD                               | Connections |         |       | 4           |             |            |                 |

Towns Served: LITCHFIELD

| Monitoring | Requ | irements |
|------------|------|----------|
|------------|------|----------|

| Water System Facility: | DISTRIBUTION SYSTEM | (WSF ID: 00600) |
|------------------------|---------------------|-----------------|
|------------------------|---------------------|-----------------|

| Total Coliform (3100)                           | 1 rout                   | 1 routine (RT) per quarter |                   |  |
|---|--------------------------|----------------------------|-------------------|--|
| Sampling Point (Sampling Point ID)              | <b>Monitoring Period</b> | <b>Collection Period</b>   | Compliance Status |  |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete          |  |
|   | 1/1/19 - 3/31/19         |                            | Complete          |  |
|   | 4/1/19 - 6/30/19         |                            |                   |  |
|   | 7/1/19 - 9/30/19         |                            |                   |  |

| Physical Parameters (PPS)                       | ine (RT) per quarter |                          |                          |
|---|----------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period    | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18   |                          | Complete                 |
|   | 1/1/19 - 3/31/19     |                          | Complete                 |
|   | 4/1/19 - 6/30/19     |                          |                          |
|   | 7/1/19 - 9/30/19     |                          |                          |

| Water System Facility: | <b>ENTRY POINT</b> | (WSF ID: 00700) |
|------------------------|--------------------|-----------------|
|------------------------|--------------------|-----------------|

| Nitrate And Nitrite (NOX)          | 1 rc                     | outine (RT) per year     |                   |
|------------------------------------|--------------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID) | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18        |                          | Complete          |
|                                    | 1/1/19 - 12/31/19        |                          | Complete          |
|                                    | 1/1/20 - 12/31/20        |                          |                   |

# **Other Compliance Schedules**

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
|                              |          |               |

CROSS CONNECTION SURVEY REPORT 3/1/2020

# Water System Facility and Sampling Point Inventory

| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | <br>Asbestos | WQP | Stage<br>2 DBPR |
|--------------------------------|-----------------------|----------------------|----------------------------|--------|---------------------------|--------------|-----|-----------------|
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |              |     |                 |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |              |     |                 |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |              |     |                 |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                | Α      |                           |              |     |                 |
| 21286                          | WELL                  | 2                    | WELL                       | Α      |                           |              |     |                 |
| 56112                          | ATMOSPHERIC TANK      |                      |                            |        |                           |              |     |                 |
| 56114                          | BLADDER TANKS         |                      |                            |        |                           |              |     |                 |
| 56116                          | BOOSTER PUMPS         |                      |                            |        |                           |              |     |                 |

|                     | Contact Information       |             |
|---------------------|---------------------------|-------------|
| Name                | Organization              | Job Title   |
| Mr. Bonald Vardossi | C/O Lourdos of Litchfield | Maintonanco |

|   | Mr. Ronald Verdos | ci        |     |            | C/O Lourdes  | of Litchfield   | Maintenanc    | е  |            |
|---|-------------------|-----------|-----|------------|--------------|-----------------|---------------|----|------------|
| Mailing Address Line One Mailing Address Line Two |                   |           |     | City       | State        | Zip Code        |               |    |            |
|   |                   |           |     | P O Box 66 | P O Box 667  |                 | Litchfield    | СТ | 06759-0667 |
|   | Business Phone    | Extension | Fax |            | Mobile Phone | Emergency Phone | Email Address |    |            |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

|                   | Connecticut Department of Public Health Drinking Water Section |                |            |            |              |          |         |          |             |           |      |               |
|-------------------|--|----------------|------------|------------|--------------|----------|---------|----------|-------------|-----------|------|---------------|
|                   | Wat  | ter Qua        | lity Mo    | nitor      | ing an       | d Con    | nplia   | nce S    | Schedul     | e         |      |               |
| PWS ID            | PWS Name   | PWS Name Class |            |            |              |          |         | cation   | Population  | Owner Typ | e Pr | rimary Source |
| СТ0740224         | LOURDES OF LIT   | CHFIELD(UP     | PER&LOW    | ER)        |              |          | N       | С        | 25          | Р         |      | GW            |
| Local Address (w  | here applicable)   |                |            | Sei        | rvice        | Residen  | tial Co | mmerci   | al Industri | al Comb   | ned  | Agricultural  |
| 83 MONTFORT R     | OAD  |                |            | Co         | nnections    |          |         | 4        |             |           |      |               |
| Towns Served: LI  | TCHFIELD   |                |            |            |              |          | ,       |          |             | ,         |      |               |
| 860-567-1041      |  | 860-567-       | 9670       |            |              |          |         |          |             |           |      |               |
| Contact Role(s):  | Administrative   | Contact        |            |            |              |          |         |          |             |           |      |               |
| Name              |  |                |            | Organ      | Organization |          |         |          |             | Job T     | itle |               |
| Missionaries of 1 | The Co of Mary o   | f Connec       |            |            |              |          |         |          |             |           |      |               |
| Mailing Address   | Line One   |                | Mailing Ad | ddress Lin | e Two        |          |         |          | City        | Stat      | е    | Zip Code      |
| 83 Montfort Rd    |  |                |            |            |              |          |         | Litchfie | eld         | СТ        |      | 06750         |
| Business Phone    | e Extension  | Fax            |            | Mobile Ph  | none E       | mergency | Phone   | Email A  | Address     |           |      |               |
| Contact Role(s):  | Legal Contact, C   | Owner          |            |            |              |          |         |          |             |           |      |               |

# Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID           | PWS Name                |             |         | Clas  | ssification | Population  | Owner Type | Primary Source  |
|------------------|-------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0740284        | NORTHFIELD BIBLE CHURCH |             |         |       | NC          | 25          | Р          | GW              |
| Local Address (v | vhere applicable)       | Service     | Resider | ntial | Commercia   | al Industri | al Combine | ed Agricultural |
| 10 CAMP HILL R   | OAD                     | Connections |         |       | 1           |             |            |                 |

Towns Served: LITCHFIELD

| Monitoring Requirements  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|
| 600)                     |  |  |  |  |  |  |  |  |  |
|                          | 1 rout   | ine (RT) per quarter   |  |  |  |  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>   | <b>Compliance Status</b>   |  |  |  |  |  |  |  |
| 10/1/18 - 12/31/18       |  | Complete   |  |  |  |  |  |  |  |
| 1/1/19 - 3/31/19         |  | Complete   |  |  |  |  |  |  |  |
| 4/1/19 - 6/30/19         |  |  |  |  |  |  |  |  |  |
| 7/1/19 - 9/30/19         |  |  |  |  |  |  |  |  |  |
|                          | 1 routi  | ine (RT) per quarter   |  |  |  |  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>   | <b>Compliance Status</b>   |  |  |  |  |  |  |  |
| 10/1/18 - 12/31/18       |  | Complete   |  |  |  |  |  |  |  |
| 1/1/19 - 3/31/19         |  | Complete   |  |  |  |  |  |  |  |
| 4/1/19 - 6/30/19         |  |  |  |  |  |  |  |  |  |
| 7/1/19 - 9/30/19         |  |  |  |  |  |  |  |  |  |
|                          | Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19 | 1 routi  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 routi  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19 |  |  |  |  |  |  |  |

| Nitrate And Nitrite (NOX)          | outine (RT) per year |                          |                          |
|------------------------------------|----------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period    | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18    |                          | Complete                 |
|                                    | 1/1/19 - 12/31/19    |                          | Complete                 |
|                                    | 1/1/20 - 12/31/20    |                          |                          |

# **Other Compliance Schedules**

Compliance Schedule ActivityDue DateAchieved DateRESPOND TO SANITARY SURVEY3/4/2013

| Public Notification Requirements     |                    |        |            |                   |                  |          |  |  |  |  |
|--------------------------------------|--------------------|--------|------------|-------------------|------------------|----------|--|--|--|--|
|                                      | Compliance         | Notice | Public No  | <u>tification</u> | PN Certification |          |  |  |  |  |
| Violation/Situation                  | Period             | Tier   | Required   | Performed         | Due to DPH       | Received |  |  |  |  |
| Total Coliform M&R Violation         | 1/1/04 - 3/31/04   | 2      | 11/18/2004 |                   | 11/28/2004       |          |  |  |  |  |
| Distribution Color MCL Violation     | 1/1/05 - 3/31/05   | 2      | 5/13/2005  |                   | 5/23/2005        |          |  |  |  |  |
| Distribution Turbidity MCL Violation | 1/1/05 - 3/31/05   | 2      | 5/13/2005  |                   | 5/23/2005        |          |  |  |  |  |
| Total Coliform M&R Violation         | 10/1/05 - 12/31/05 | 2      | 4/27/2006  |                   | 5/7/2006         |          |  |  |  |  |
| Total Coliform M&R Violation         | 1/1/06 - 3/31/06   | 2      | 7/15/2006  |                   | 7/25/2006        |          |  |  |  |  |
| Distribution Color MCL Violation     | 4/1/06 - 6/30/06   | 2      | 8/23/2006  |                   | 9/2/2006         |          |  |  |  |  |
| Distribution Color MCL Violation     | 1/1/06 - 3/31/06   | 2      | 8/23/2006  |                   | 9/2/2006         |          |  |  |  |  |
| Distribution Color MCL Violation     | 4/1/07 - 6/30/07   | 2      | 8/18/2007  |                   | 8/28/2007        |          |  |  |  |  |

#### **Water System Facility and Sampling Point Inventory** Water **Total** Lead and **Water System Facility** Sampling Point Sampling Point **Coliform** System Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α

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|                 | dominocious populations of 1 abno from 21 mining Water because |               |                |             |             |            |           |         |  |  |  |  |
|-----------------|--|---------------|----------------|-------------|-------------|------------|-----------|---------|--|--|--|--|
|                 | Water Quality Mo   | onitoring and | d Con          | npl         | liance S    | Schedul    | le        |         |  |  |  |  |
| PWS ID          | PWS Name   |               | Cla            | ssification | Population  | Owner Type | Primary S | ource   |  |  |  |  |
| CT0740284       | NORTHFIELD BIBLE CHURCH  |               |                |             | NC          | 25         | Р         | GW      |  |  |  |  |
| Local Address ( | Service  | Residen       | ntial Commerci |             | al Industri | al Combin  | ed Agricu | ıltural |  |  |  |  |
| 10 CAMP HILL    | Connections  |               |                | 1           |             |            |           |         |  |  |  |  |

Connecticut Department of Public Health Drinking Water Section

| Towns Served: LITCHFIELD                       |                          |                |                |         | '                        | 1  |           |                     |
|--|--------------------------|----------------|----------------|---------|--------------------------|----|-----------|---------------------|
| Water Sy                                       | /stem Faci               | lity and S     | Sampling Poir  | nt Inv  | entoi                    | У  |           |                     |
| Water System Water System Facility Facility ID | Sampling Poin<br>ID      | t Sampling I   | -              | Co      | Total<br>oliform<br>Rule |    | Asbestos  | Stage<br>WQP 2 DBPR |
| 00700 ENTRY POINT                              | 3                        | ENTRY POINT A  |                |         |                          |    |           |                     |
| 21292 WELL                                     | 2                        | WELL           |                | Α       |                          |    |           |                     |
|  | Co                       | ntact Info     | ormation       |         |                          |    |           |                     |
| Name   | (                        | Organization   |                |         |                          |    | Job Title |                     |
| Mr. Brian McGray                               | ſ                        | Northfield Bib | ole Church     |         |                          |    |           |                     |
| Mailing Address Line One                       | Mailing Address Line Two |                |                |         |                          | ty | State     | Zip Code            |
| 10 Camp Hill Road                              | N                        |                |                |         | nfield                   |    | СТ        | 06778               |
| Business Phone Extension Fax                   | Mol                      | oile Phone     | Emergency Phon | e Email | Addre                    | SS |           |                     |
| 860-283-9598                                   |                          |                |                |         |                          |    |           |                     |
| Contact Role(s): Administrative Contact, Leg   | al Contact               |                |                |         |                          |    |           |                     |
| Name   | (                        | Organization   |                |         |                          |    | Job Title |                     |
| Northfield Congregational Society              |                          |                |                |         |                          |    |           |                     |
| Mailing Address Line One                       | Mailing Addre            | ss Line Two    |                |         | Ci                       | ty | State     | Zip Code            |
| 10 Camp Hill Rd                                |                          |                |                | Litchf  | ield                     |    | СТ        | 06750               |
| Business Phone Extension Fax                   | Mol                      | oile Phone     | Emergency Phon | e Email | Addre                    | SS |           |                     |
| Contact Role(s): Owner                         |                          |                |                |         |                          |    |           |                     |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/11/2019

|             | Connecticut Do               | epartment of      | Public H        | ealth      | Dr    | inkii  | ng V    | Vater         | Se    | ction     |               |
|-------------|------------------------------|-------------------|-----------------|------------|-------|--------|---------|---------------|-------|-----------|---------------|
|             |                              | uality Monit      |                 |            |       |        | _       |               |       |           |               |
| PWS ID      | PWS Name                     | durity 1.10111t   | oring and       |            | _     |        |         |               | _     | ner Type  | Primary Sour  |
| CT0740344   | PEACHES N CREAM              |                   |                 |            |       | NC     |         | 25            |       | Р         | GW            |
| Local Addre | ss (where applicable)        |                   | Service         | Resident   | ial   | Comme  | rcial   | Industri      | al    | Combine   | d Agricultur  |
|             | GTON ROAD                    |                   | Connections     |            |       | 1      |         |               |       |           |               |
| Towns Serve | ed: LITCHFIELD               |                   |                 |            |       |        |         |               |       |           |               |
|             |                              | Monito            | oring Requ      | ireme      | nts   |        |         |               |       |           |               |
| Water Syst  | em Facility: DISTRIBUTION    | ON SYSTEM (WSF II | <u>_</u>        |            |       |        |         |               |       |           |               |
| -           | form (3100)                  |                   | <u> </u>        |            |       |        |         | 1             | . rou | tine (RT) | per quarte    |
|             | ng Point (Sampling Point ID) | )                 |                 | Monitorir  | ng Po | eriod  | Colle   | ction Pe      |       |           | liance Status |
| Select 1    | from Inventory of Active Sam | pling Points      |                 | 10/1/18 -  | 12/3  | 31/18  |         |               |       | C         | omplete       |
|             | •                            |                   |                 | 1/1/19 -   |       |        |         |               |       |           | omplete       |
|             |                              |                   |                 | 4/1/19 -   |       |        |         |               |       |           | ·             |
|             |                              |                   |                 | 7/1/19 -   | 9/30  | 0/19   |         |               |       |           |               |
| Physical P  | arameters (PPS)              |                   |                 |            |       |        |         | 1             | . rou | tine (RT) | per quarte    |
| Sampli      | ng Point (Sampling Point ID) | )                 |                 | Monitorir  | ng Po | eriod  | Colle   | liance Status |       |           |               |
| Select 1    | from Inventory of Active Sam | pling Points      | ;               | 10/1/18 -  | 12/3  | 31/18  |         |               |       | C         | omplete       |
|             |                              |                   |                 | 1/1/19 -   | 3/31  | 1/19   |         |               |       | C         | omplete       |
|             |                              |                   |                 | 4/1/19 -   | 6/30  | 0/19   |         |               |       |           |               |
|             |                              |                   |                 | 7/1/19 -   | 9/30  | 0/19   |         |               |       |           |               |
| Water Syst  | em Facility: ENTRY POIN      | T (WSF ID: 00700) |                 |            |       |        |         |               |       |           |               |
| Nitrate An  | nd Nitrite (NOX)             |                   |                 |            |       |        |         |               | 1     | routine ( | RT) per yea   |
| Sampli      | ng Point (Sampling Point ID) | )                 |                 | Monitorir  | ng Po | eriod  | Colle   | ction Pe      | riod  | Comp      | liance Status |
| ENTRY       | POINT (3)                    |                   |                 | 1/1/18 - 1 | 12/3  | 1/18   |         |               |       | C         | omplete       |
|             |                              |                   |                 | 1/1/19 - 1 | 12/3  | 1/19   |         |               |       | C         | omplete       |
|             |                              |                   |                 | 1/1/20 - 1 | 12/3  | 1/20   |         |               |       |           |               |
|             | Wate                         | er System Facili  | ty and Sar      | npling     | Poi   | int In | vent    | ory           |       |           |               |
| Water       |                              | -                 |                 |            |       |        | Total   | Lead          | and   |           |               |
| System V    | Vater System Facility        | Sampling Point    |                 | nt         |       | (      | Colifor |               |       |           | Stag          |
| Facility ID |                              | ID                | Description     |            |       | Status | Rule    | Rule          | Tier  | Asbesto   | s WQP 2 DBI   |
| 00600       | DISTRIBUTION SYSTEM          | 4                 | DISTRIBUTION    | I SYSTEM   |       | Α      | Υ       |               |       |           |               |
|             |                              | DOWNSTREAM        | WITHIN 5 SER    | VICE CON   | l     | Α      |         |               |       |           |               |
|             |                              | UPSTREAM          | WITHIN 5 SER    | VICE CON   | l     | Α      |         |               |       |           |               |
| 00700 E     | NTRY POINT                   | 3                 | ENTRY POINT     |            |       | Α      |         |               |       |           |               |
| 21298 V     | VELL                         | 2                 | WELL            |            |       | Α      |         |               |       |           |               |
|             |                              | Con               | tact Inforr     | nation     |       |        |         |               |       |           |               |
| Namo        |                              | Oı                | rganization     |            |       |        |         |               |       | Job Title |               |
| Name        |                              | _                 | 1 116           |            |       |        |         | N             |       |           |               |
| Mr. David R | edente                       | ∣P€               | eaches 'n' Crea | m          |       |        | C       | Owner         |       |           |               |
| Mr. David R | ress Line One                | Mailing Address   |                 | m          |       |        | C       | City          |       | State     | Zip Code      |

Mobile Phone

**Business Phone** 

860-496-7536

Contact Role(s): Legal Contact

Extension

Fax

860-482-8661

Schedule Generation Date: 4/11/2019 Page 13

Emergency Phone Email Address

860-496-7536

|                  | Connecticu                | t Depa | irtment o      | f Public           | Health    | Drir     | iking            | g Water    | Section    |     |              |
|------------------|---------------------------|--------|----------------|--------------------|-----------|----------|------------------|------------|------------|-----|--------------|
|                  | Wate                      | er Qua | lity Moni      | toring a           | nd Con    | nplia    | nce S            | Schedul    | le         |     |              |
| PWS ID           | PWS Name                  |        |                |                    |           | Classifi | cation           | Population | Owner Type | Pri | mary Source  |
| CT0740344        | CT0740344 PEACHES N CREAM |        |                |                    |           |          | С                | 25         | Р          |     | GW           |
| Local Address (w | here applicable)          |        |                | Service            | Resider   | ntial Co | ommercial Indust |            | al Combine | ed  | Agricultural |
| 632 TORRINGTO    | N ROAD                    |        | Connection     | ons                |           | 1        |                  |            |            |     |              |
| Towns Served: LI | TCHFIELD                  |        |                |                    |           |          |                  |            |            |     |              |
| Name             |                           |        | (              | Organization       |           |          |                  |            | Job Titl   | e   |              |
| Ms. Katerina Kar | avasili                   |        |                |                    |           |          |                  |            |            |     |              |
| Mailing Address  | ess Line Two              |        |                |                    | City      | State    |                  | Zip Code   |            |     |              |
|                  |                           |        | 632 Torrington | 32 Torrington Road |           |          |                  | eld        | СТ         |     | 06759        |
| Business Phone   | Extension                 | Fax    | Mok            | oile Phone         | Emergency | y Phone  | Email Address    |            |            |     |              |
| 860-496-7536     |                           |        |                |                    |           |          |                  |            |            |     |              |
| Contact Dolo/s). | A duninistrative Co       |        | ol Contact     |                    |           |          |                  |            |            |     |              |

CD blis Hashib Datalita Mara C.

# Contact Role(s): Administrative Contact, Legal Contact

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                   | Co                   | nnectic        | •            |          |        | Public oring a        |             |       |           |        |         |         | ection    |                |
|-------------------|----------------------|----------------|--------------|----------|--------|-----------------------|-------------|-------|-----------|--------|---------|---------|-----------|----------------|
| DIAIC ID          | DIA                  |                | ter Qua      | IILY IV  | IUIII  | or mg a               | iiu Coii    | _     |           |        |         |         | -         | D: 6           |
| PWS ID            |                      | /S Name        |              | 10011    |        |                       |             | Cla   | ssificati | on Po  | -       | on Ow   |           | Primary Source |
| CT0740354         |                      | INT PAULS EP   | ISCOPAL CH   | URCH     |        |                       | 5           |       | NC        |        | 25      |         | Р         | GW             |
|                   | -                    | re applicable) |              |          |        | Service<br>Connection | Residen     | tial  |           |        | Indu    | strial  | Combine   | d Agricultural |
| 802 BANTA         |                      |                |              |          |        | Connection            | 15          |       | 1         |        |         |         |           |                |
| Towns Serv        | /ed: LITC            | HFIELD         |              |          |        |                       |             |       |           |        |         |         |           |                |
|                   |                      |                |              |          |        | oring Red             | quireme     | nts   | 5         |        |         |         |           |                |
| Water Sys         | tem Fac              | ility: DISTR   | IBUTION S    | YSTEM    | (WSF I | D: 00600)             |             |       |           |        |         |         |           |                |
| <b>Total Coli</b> | -                    | -              |              |          |        |                       |             |       |           |        |         | 1 ro    | utine (RT | ) per quarter  |
| Sampl             | ling Poin            | t (Sampling P  | oint ID)     |          |        |                       | Monitori    | ing I | Period    | Coll   | lection | Period  | Comp      | oliance Status |
| Select            | from Inv             | entory of Act  | ive Sampling | Points   |        |                       | 10/1/18 -   | 12/   | /31/18    |        |         |         | (         | Complete       |
|                   |                      |                |              |          |        |                       | 1/1/19 -    |       |           |        |         |         | (         | Complete       |
|                   |                      |                |              |          |        |                       | 4/1/19 -    |       |           |        |         |         |           |                |
|                   |                      |                |              |          |        |                       | 7/1/19 -    | 9/3   | 30/19     |        |         |         |           |                |
| Physical F        | Paramet              | ers (PPS)      |              |          |        |                       |             |       |           |        |         | 1 ro    | utine (RT | ) per quarter  |
|                   |                      | t (Sampling P  |              |          |        |                       | Monitori    |       |           | Coll   | lection | Period  |           | oliance Status |
| Select            | from Inv             | entory of Act  | ve Sampling  | Points   |        |                       | 10/1/18 -   |       |           |        |         |         |           | Complete       |
|                   |                      |                |              |          |        |                       | 1/1/19 -    |       |           |        |         |         | (         | Complete       |
|                   |                      |                |              |          |        |                       | 4/1/19 -    |       |           |        |         |         |           |                |
|                   |                      |                |              |          |        |                       | 7/1/19 -    | 9/3   | 30/19     |        |         |         |           |                |
| Water Sys         | tem Fac              | cility: ENTR   | Y POINT (V   | VSF ID:  | 00700) |                       |             |       |           |        |         |         |           |                |
| Nitrate A         | nd Nitri             | te (NOX)       |              |          |        |                       |             |       |           |        |         | 1       | routine   | (RT) per year  |
| Sampl             | ling Poin            | t (Sampling P  | oint ID)     |          |        |                       | Monitori    | ing I | Period    | Coll   | lection | Period  | Comp      | oliance Status |
| ENTRY             | POINT (              | 3)             |              |          |        |                       | 1/1/18 -    | 12/   | 31/18     |        |         |         | (         | Complete       |
|                   |                      |                |              |          |        |                       | 1/1/19 -    |       |           |        |         |         | (         | Complete       |
|                   |                      |                |              |          |        |                       | 1/1/20 -    | 12/   | 31/20     |        |         |         |           |                |
|                   |                      |                | Water Sy     | ystem    | Facili | ity and S             | ampling     | Pc    | oint In   | ven    | tory    |         |           |                |
| Water             |                      |                |              |          |        |                       |             |       |           | Tota   | al Le   | ad and  | I         |                |
| -                 | Water S <sub>j</sub> | stem Facility  |              |          |        | Sampling P            |             |       |           | -      |         | opper   |           | Stage          |
| Facility ID       |                      |                |              | II       |        | Description           |             |       | Status    | Rul    | e R     | ule Tie | r Asbesto | s WQP 2 DBPR   |
| 00600             | DISTRIBL             | JTION SYSTEM   |              | 4        |        |                       | ON SYSTEM   |       | Α         | Y      |         |         |           |                |
|                   |                      |                |              |          |        | WITHIN 5 S            |             |       | Α         |        |         |         |           |                |
|                   |                      |                |              | UPSTF    | REAM   | WITHIN 5 S            | SERVICE COI | V     | Α         |        |         |         |           |                |
| 00700             | ENTRY P              | TNIC           |              | 3        | 1      | ENTRY POI             | NT          |       | Α         |        |         |         |           |                |
| 21299             | WELL                 |                |              | 2        |        | WELL                  |             |       | Α         |        |         |         |           |                |
|                   |                      |                |              |          | Con    | tact Info             | rmation     |       |           |        |         |         |           |                |
| Name              |                      |                |              |          | 0      | rganization           |             |       |           |        |         |         | Job Title |                |
| Reverend F        | Paul Jaco            | bson           |              |          | St     | . Paul's Chur         | rch         |       |           |        | Clergy  |         |           |                |
| Mailing Add       | dress Lin            | e One          |              | Mailing  | Addres | s Line Two            |             |       |           |        | City    |         | State     | Zip Code       |
|                   |                      |                |              | P. O. Bo | x 449  |                       |             |       | Baı       | ntam   |         |         | СТ        | 06750          |
| Business          | Phone                | Extension      | Fax          |          | Mobi   | le Phone              | Emergency   | / Ph  | one Em    | ail Ad | dress   |         |           |                |
|                   |                      | l .            |              |          |        |                       |             |       |           |        |         |         |           |                |

officestpauls@optonline.net

860-567-8838

Contact Role(s): Legal Contact

| C                  | Connecticut       | . Depa  | irtment of      | Public        | Health    | Drir     | ıking                         | Water       | Section    |                |  |
|--------------------|-------------------|---------|-----------------|---------------|-----------|----------|-------------------------------|-------------|------------|----------------|--|
|                    | Wate              | r Qua   | lity Monit      | oring a       | nd Con    | nplia    | nce S                         | chedul      | le         |                |  |
| PWS ID P           | WS Name           |         |                 |               |           | Classifi | ication                       | Population  | Owner Type | Primary Source |  |
| CT0740354 S        | AINT PAULS EPISC  | OPAL CH | URCH            |               |           | N        | С                             | 25          | Р          | GW             |  |
| Local Address (wh  | ere applicable)   |         |                 | Service       | Resider   | itial Co | mmercia                       | al Industri | al Combine | ed Agricultura |  |
| 802 BANTAM ROA     | ر.                |         |                 | Connection    | ıs        |          | 1                             |             |            |                |  |
| Towns Served: LIT  | CHFIELD           |         |                 |               |           | ·        |                               |             |            |                |  |
| Name               |                   |         | Oı              | rganization   |           |          |                               |             | Job Titl   | е              |  |
| Ms. Ann Combs      |                   |         | St              | . Paul's Chur | ch        |          |                               | Sr. Warde   | en         |                |  |
| Mailing Address Li | ne One            |         | Mailing Address | s Line Two    |           |          |                               | City        | State      | Zip Code       |  |
| 802 Bantam Rd      |                   |         | P.O. Box 449    | O. Box 449    |           |          | Bantan                        | າ           | СТ         | 06750          |  |
| Business Phone     | Extension         | Fax     | Mobi            | le Phone      | Emergency | / Phone  | Email A                       | ddress      |            |                |  |
| 860-567-8838       |                   |         |                 |               | 860-567   | -8815    | 5 officestpauls@optonline.net |             |            |                |  |
| Contact Role(s):   | Administrative Co | ntact   |                 | 1             |           |          |                               |             |            |                |  |

# Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                | Connectic           | ut Departme         | ent of | Public       | Health D     | rin    | king         | Wate       | er Se   | ection    |                |
|----------------|---------------------|---------------------|--------|--------------|--------------|--------|--------------|------------|---------|-----------|----------------|
|                | Wat                 | ter Quality N       | Ionit  | oring a      | nd Comp      | liai   | nce S        | chedi      | ıle     |           |                |
| PWS ID         | PWS Name            |                     |        |              |              |        |              |            |         | ner Type  | Primary Source |
| СТ0740374      | 491 BANTAM RO       | DAD                 |        |              |              | NO     | 0            | 34         |         | Р         | GW             |
| Local Address  | (where applicable)  |                     |        | Service      | Residentia   | I Cor  | nmercial     | Indus      | trial   | Combine   | d Agricultural |
|                |                     |                     |        | Connection   | ns           |        |              |            |         | 6         |                |
| Towns Served:  | LITCHFIELD          |                     |        |              |              |        |              | -          |         |           |                |
|                |                     |                     |        |              | quirement    | is     |              |            |         |           |                |
| •              | •                   | IBUTION SYSTEM      | (WSF I | D: 00600)    |              |        |              |            |         |           |                |
| Total Colifor  | •                   |                     |        |              |              |        |              |            |         |           | per quarter    |
|                | Point (Sampling P   | -                   |        |              | Monitoring   |        |              | llection I | Period  |           | liance Status  |
| Select fro     | m Inventory of Acti | ive Sampling Points |        |              | 10/1/18 - 12 |        |              |            |         |           | Complete       |
|                |                     |                     |        |              | 1/1/19 - 3/  |        |              |            |         | C         | Complete       |
|                |                     |                     |        |              | 4/1/19 - 6/  |        |              |            |         |           |                |
|                |                     |                     |        |              | 7/1/19 - 9/  | /30/19 | 9            |            |         |           |                |
|                | ameters (PPS)       |                     |        |              |              |        |              |            |         |           | per quarter    |
|                | Point (Sampling Po  |                     |        |              | Monitoring   |        |              | llection I | Period  |           | liance Status  |
| Select fro     | m Inventory of Acti | ive Sampling Points |        |              | 10/1/18 - 12 |        |              |            |         |           | Complete       |
|                |                     |                     |        |              | 1/1/19 - 3/  |        |              |            |         | C         | Complete       |
|                |                     |                     |        |              | 4/1/19 - 6/  |        |              |            |         |           |                |
|                |                     |                     |        |              | 7/1/19 - 9/  | 30/19  | <del>)</del> |            |         |           |                |
|                | •                   | Y POINT (WSF ID:    | 00700) |              |              |        |              |            |         |           |                |
|                | Nitrite (NOX)       |                     |        |              |              |        |              |            |         |           | RT) per year   |
|                | Point (Sampling P   | oint ID)            |        |              | Monitoring   |        |              | llection I | Period  |           | liance Status  |
| ENTRY PC       | DINT (3)            |                     |        |              | 1/1/18 - 12  |        |              |            |         |           | Complete       |
|                |                     |                     |        |              | 1/1/19 - 12  |        |              |            |         | C         | Complete       |
|                |                     |                     |        |              | 1/1/20 - 12  | /31/2  | 0            |            |         |           |                |
|                |                     | <b>Water System</b> | Facili | ity and S    | ampling P    | oint   | Inven        | tory       |         |           |                |
| Water          |                     |                     |        |              |              |        | Tot          | al Lea     | ıd and  | 1         |                |
| -              | ter System Facility | •                   | _      | Sampling F   |              |        | Colife       |            | pper    |           | Stage          |
| Facility ID    |                     | 1                   | D      | Description  |              | Stat   | tus Ru       | le Ru      | le Tier | Asbesto   | s WQP 2 DBPR   |
| 00600 DIS      | TRIBUTION SYSTEM    |                     | 1      |              | ON SYSTEM    | Α      | . Y          |            |         |           |                |
|                |                     |                     |        |              | SERVICE CON  | Α      |              |            |         |           |                |
|                |                     | UPST                | REAM   | WITHIN 5 S   | SERVICE CON  | Α      |              |            |         |           |                |
| 00700 ENT      | TRY POINT           | 3                   | 3      | ENTRY POII   | NT           | Α      | ı            |            |         |           |                |
| 21301 WE       | LL                  | 2                   | 2      | WELL         |              | Α      | ı            |            |         |           |                |
|                |                     |                     | Con    | tact Info    | rmation      |        |              |            |         |           |                |
| Name           |                     |                     |        | rganization  |              |        |              |            |         | Job Title | <u> </u>       |
| Mr. Rickard T. |                     |                     |        | tchfield Wes | t            |        | 1            | Owner      |         |           |                |
| Mailing Addres | ss Line One         | Mailing             | Addres | s Line Two   |              |        |              | City       |         | State     | Zip Code       |
| 491 Bantam Ro  | t                   |                     |        | 1            |              |        | Litchfield   | d          |         | СТ        | 06759          |
| Business Pho   | one Extension       | Fax                 | Mobi   | le Phone     | Emergency Pl | none   | Email Ac     | ddress     |         |           |                |

btmelec@gmail.com

860-567-8771

Contact Role(s): Administrative Contact, Legal Contact, Owner

| Water Quality Monitoring and Compliance Schedule | ( | Connecticut Department of Public Health Drinking Water Section |
|--|---|--|
|  |   | Water Quality Monitoring and Compliance Schedule               |

|   | Water Quality 1.10111to | or mig and  | a don | TP.      | idifee t    | ciicaai    | <u> </u>        |                |
|---|-------------------------|-------------|-------|----------|-------------|------------|-----------------|----------------|
| PWS ID  | PWS Name                |             |       | Cla      | ssification | Population | Owner Type      | Primary Source |
| СТ0740374                                       | 491 BANTAM ROAD         |             | NC    | 34       | Р           | GW         |                 |                |
| Local Address (where applicable) Service Reside |                         | Residen     | ntial | Commerci | al Industri | al Combine | ed Agricultural |                |
|   |                         | Connections |       |          |             |            | 6               |                |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                    | Co         | nnectic        | ut Departme         | ent of        | Public       | Health I    | )rin    | king      | Water      | Se    | ection     |                |
|--------------------|------------|----------------|---------------------|---------------|--------------|-------------|---------|-----------|------------|-------|------------|----------------|
|                    |            | Wat            | ter Quality N       | <b>I</b> onit | oring a      | nd Comp     | oliai   | nce S     | chedul     | le    |            |                |
| PWS ID             | PW         | 'S Name        |                     |               |              | С           | lassifi | cation P  | opulation  | Ow    | ner Type F | rimary Source  |
| CT0740414          | STO        | ONYBROOK G     | OLF CLUB            |               |              |             | N       | С         | 32         |       | Р          | GW             |
| Local Addre        | ss (wher   | e applicable)  |                     |               | Service      | Residentia  | al Cor  | mmercial  | Industri   | al    | Combined   | l Agricultural |
| 263 MILTON         | N ROAD     |                |                     |               | Connection   | 1           |         | 1         |            |       |            |                |
| Towns Serve        | ed: LITCI  | HFIELD         |                     |               |              |             |         |           |            |       |            |                |
|                    |            |                | l l                 | <b>Monit</b>  | oring Rec    | quirement   | ts      |           |            |       |            |                |
| Water Syst         | tem Fac    | ility: DISTR   | IBUTION SYSTEM      | (WSF I        | D: 00600)    |             |         |           |            |       |            |                |
| <b>Total Colif</b> | form (3    | 100)           |                     |               |              |             |         |           | 1          | l rou | ıtine (RT) | per quarter    |
| Sampli             | ing Poin   | t (Sampling P  | oint ID)            |               |              | Monitoring  | Perio   | od Col    | lection Pe | riod  | Compl      | iance Status   |
| Select 1           | from Inv   | entory of Acti | ive Sampling Points |               |              | 10/1/18 - 1 | 2/31/2  | 18        |            |       | Co         | omplete        |
|                    |            |                |                     |               |              | 1/1/19 - 3, | /31/19  | 9         |            |       | Co         | omplete        |
|                    |            |                |                     |               |              | 4/1/19 - 6, | /30/19  | 9         |            |       |            |                |
|                    |            |                |                     |               |              | 7/1/19 - 9, | /30/19  | 9         |            |       |            |                |
| Physical P         | aramet     | ers (PPS)      |                     |               |              |             |         |           | 1          | l rou | utine (RT) | per quarter    |
| Sampli             | ing Poin   | t (Sampling P  | oint ID)            |               |              | Monitoring  | Perio   | od Col    | lection Pe | riod  | Compl      | iance Status   |
| Select f           | from Inv   | entory of Acti | ive Sampling Points |               |              | 10/1/18 - 1 | 2/31/:  | 18        |            |       | Co         | omplete        |
|                    |            |                |                     |               |              | 1/1/19 - 3, | /31/19  | 9         |            |       | Co         | omplete        |
|                    |            |                |                     |               |              | 4/1/19 - 6, | /30/19  | 9         |            |       |            |                |
|                    |            |                |                     |               |              | 7/1/19 - 9, | /30/19  | 9         |            |       |            |                |
| Water Syst         | tem Fac    | ility: ENTR    | Y POINT (WSF ID:    | 00700)        |              |             |         |           |            |       |            |                |
| Nitrate An         | nd Nitri   | te (NOX)       |                     |               |              |             |         |           |            | 1     | routine (I | RT) per year   |
| Sampli             | ing Poin   | t (Sampling P  | oint ID)            |               |              | Monitoring  | Perio   | od Col    | lection Pe | riod  | Compl      | iance Status   |
| ENTRY              | POINT (    | 3)             |                     |               |              | 1/1/18 - 12 | /31/1   | .8        |            |       | Co         | omplete        |
|                    |            |                |                     |               |              | 1/1/19 - 12 | /31/1   | .9        |            |       | Co         | omplete        |
|                    |            |                |                     |               |              | 1/1/20 - 12 | /31/2   | .0        |            |       |            |                |
|                    |            |                | <b>Water System</b> | Facili        | ity and Sa   | ampling P   | oint    | Inven     | tory       |       |            |                |
| Water              |            |                |                     |               |              |             |         | Tot       | al Lead    | and   |            |                |
| System V           | Nater Sy   | stem Facility  |                     | _             | Sampling P   |             |         | Colife    |            |       |            | Stage          |
| Facility ID        |            |                |                     |               | Description  |             | Stat    |           |            | Tier  | Asbestos   | WQP 2 DBPR     |
| 00600 E            | DISTRIBU   | TION SYSTEM    |                     | 1             | DISTRIBUTION |             | Α       | . Y       |            |       |            |                |
|                    |            |                |                     |               | WITHIN 5 S   |             | Α       | ١.        |            |       |            |                |
|                    |            |                | UPST                | REAM          | WITHIN 5 S   | ERVICE CON  | Α       | ١         |            |       |            |                |
| 00700 E            | NTRY PO    | TNIC           |                     | 3             | ENTRY POIN   | NT          | Α       | ١         |            |       |            |                |
| 21304 V            | WELL       |                | 7                   | 2             | WELL         |             | Α       | ١         |            |       |            |                |
|                    |            |                |                     | Con           | tact Info    | rmation     |         |           |            |       |            |                |
| Name               |            |                |                     | 0             | rganization  |             |         |           |            |       | Job Title  |                |
| Mr. Robert         | J. Ferrar  | otti           |                     | St            | onybrook Go  | olf Club    |         |           | Owner      |       |            |                |
| Mailing Add        | lress Line | e One          | Mailing             | Addres        | s Line Two   |             |         |           | City       |       | State      | Zip Code       |
| 263 Milton I       |            |                |                     |               | T            |             |         | Litchfiel |            |       | СТ         | 06759          |
| Business F         | Phone      | Extension      | Fax                 | Mobi          | le Phone     | Emergency P | hone    | Email Ad  | ldress     |       |            |                |
|                    |            | J              |                     |               | 1            |             |         | 1         |            |       |            |                |

860-485-8434

BFERRAROTTI@FAIRVIEWGOLFCOURSE.COM

860-689-1004

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-567-9977

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                 | water quanty monitoring and compnance senedate |             |         |       |             |             |            |                                       |  |  |  |
|-----------------|--|-------------|---------|-------|-------------|-------------|------------|---------------------------------------|--|--|--|
| PWS ID          | PWS Name                                       |             |         | Cla   | ssification | Population  | Owner Type | Primary Source                        |  |  |  |
| CT0740414       | STONYBROOK GOLF CLUB                           |             |         |       | NC          | 32          | Р          | GW                                    |  |  |  |
| Local Address ( | where applicable)                              | Service     | Resider | ntial | Commerci    | al Industri | al Combine | ed Agricultural                       |  |  |  |
| 263 MILTON R    | OAD  | Connections | 1       |       | 1           |             |            |                                       |  |  |  |
|                 |  |             |         |       |             |             |            | · · · · · · · · · · · · · · · · · · · |  |  |  |

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|   | Connecticut De               | epartment of      | Public H         | lealth D     | rink      | ing W     | ater :    | Sect   | ion      |              |
|---|------------------------------|-------------------|------------------|--------------|-----------|-----------|-----------|--------|----------|--------------|
|   |                              | uality Monit      |                  |              |           | _         |           |        |          |              |
| PWS ID                                      | PWS Name                     | durity 1-101116   |                  |              | assificat |           |           |        | Type Pr  | imary Source |
| CT0740424                                   | DA CAPO RESTAURANT           |                   |                  |              | NC        |           | 25        | Р      | 71       | GW           |
| Local Addre                                 | ss (where applicable)        |                   | Service          | Residentia   | Comm      | nercial I | ndustria  | l Cor  | nbined   | Agricultura  |
| 625 TORRIN                                  | GTON ROAD                    |                   | Connections      |              | 1         | 1         |           |        |          | _            |
| Towns Serve                                 | ed: LITCHFIELD               |                   |                  | I            |           |           |           |        |          |              |
|   |                              | Monito            | oring Requ       | iirement     | S         |           |           |        |          |              |
| Water Syst                                  | em Facility: DISTRIBUTIO     | N SYSTEM (WSF I   | D: 00600)        |              |           |           |           |        |          |              |
| <b>Total Colif</b>                          | orm (3100)                   |                   |                  |              |           |           | 1 :       | routin | e (RT) p | er quarter   |
| Sampli                                      | ng Point (Sampling Point ID) |                   |                  | Monitoring   | Period    | Collec    | tion Peri | od     | Compli   | ance Status  |
| Select f                                    | from Inventory of Active Sam | oling Points      |                  | 10/1/18 - 12 | 2/31/18   |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 1/1/19 - 3/  | 31/19     |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 4/1/19 - 6/  | 30/19     |           |           |        |          |              |
|   |                              |                   |                  | 7/1/19 - 9/  | 30/19     |           |           |        |          |              |
| -   | arameters (PPS)              |                   |                  |              |           |           | 1 :       | routin | e (RT) բ | er quarter   |
| <u> </u>                                    | ng Point (Sampling Point ID) |                   |                  | Monitoring   | Period    | Collec    | tion Peri | od     | Compli   | ance Status  |
| Select from Inventory of Active Sampling Po |                              | oling Points      |                  | 10/1/18 - 12 |           |           |           |        |          | mplete       |
|   |                              |                   | 1/1/19 - 3/31/19 |              |           |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 4/1/19 - 6/  |           |           |           |        |          |              |
|   |                              |                   |                  | 7/1/19 - 9/  | 30/19     |           |           |        |          |              |
| Water Syst                                  | em Facility: ENTRY POIN      | Γ (WSF ID: 00700) |                  |              |           |           |           |        |          |              |
| Nitrate An                                  | d Nitrite (NOX)              |                   |                  |              |           |           |           | 1 rou  | tine (R  | T) per year  |
| Sampli                                      | ng Point (Sampling Point ID) |                   |                  | Monitoring   | Period    | Collec    | tion Peri | od     | Compli   | ance Status  |
| ENTRY                                       | POINT (3)                    |                   |                  | 1/1/18 - 12, | /31/18    |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 1/1/19 - 12, | /31/19    |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 1/1/20 - 12, | /31/20    |           |           |        |          |              |
| Water Syst                                  | em Facility: WELL (WSF I     | D: 21305)         |                  |              |           |           |           |        |          |              |
| E. Coli (30                                 |                              |                   |                  |              |           |           | 1 :       |        |          | er quarter   |
| Sampli                                      | ng Point (Sampling Point ID) |                   |                  | Monitoring   |           | Collec    | tion Peri | od     | Compli   | ance Status  |
| WELL (                                      | 2)                           |                   |                  | 10/1/18 - 12 |           |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 1/1/19 - 3/  |           |           |           |        | Co       | mplete       |
|   |                              |                   |                  | 4/1/19 - 6/  |           |           |           |        |          |              |
|   |                              |                   |                  | 7/1/19 - 9/  | 30/19     |           |           |        |          |              |
|   | Wate                         | r System Facili   | ity and Sar      | mpling Po    | oint Ir   | nvento    | ry        |        |          |              |
| Water                                       |                              |                   |                  |              |           | Total     | Lead a    | nd     |          |              |
| •   | Vater System Facility        | Sampling Point    |                  | nt           |           | Coliform  |           |        |          | Stage        |
| Facility ID                                 |                              | ID                | Description      |              | Status    |           | Rule T    | ier As | bestos   | WQP 2 DBP    |
| 00600 E                                     | DISTRIBUTION SYSTEM          | 4                 | DISTRIBUTION     | N SYSTEM     | Α         | Υ         |           |        |          |              |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |     |                 |  |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |                                 |          |     |                 |  |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
| 21305                          | WELL   | 2                    | WELL                       | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
| TP01                           | TREATMENT PLANT                                    |                      |                            |        |                           |                                 |          |     |                 |  |  |  |  |  |

Contact Information

Name
Organization
Job Title

Mr. Nicholas Alimonos

Mailing Address Line One
Mailing Address Line Two
City
State
Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

|                   | Connectic        | ut Depa  | irtment o     | of Public          | Health   | n Drii   | nking    | Water               | Sec     | tion    |                |
|-------------------|------------------|----------|---------------|--------------------|----------|----------|----------|---------------------|---------|---------|----------------|
|                   | Wa               | ter Qua  | lity Moni     | toring a           | nd Cor   | nplia    | nce S    | chedul              | le      |         |                |
| PWS ID            | PWS Name         |          |               |                    |          | Classif  | fication | Population          | Owne    | r Type  | Primary Source |
| CT0740424         | DA CAPO RESTA    | URANT    |               |                    |          | N        | 1C       | 25                  | F       | )       | GW             |
| Local Address (w  | here applicable) |          |               | Service            | Reside   | ntial Co | ommercia | nmercial Industrial |         | ombin   | ed Agricultura |
| 625 TORRINGTO     | N ROAD           |          |               | Connections        |          |          | 1        |                     |         |         |                |
| Towns Served: LI  |                  |          |               |                    | 1        |          |          |                     | '       |         | 1              |
| 625 Torrington K  | oad              |          |               |                    |          |          | Littenne | ia                  |         | CT      | 06759          |
| Business Phone    | e Extension      | Fax      | Mol           | bile Phone         | Emergenc | y Phone  | Email A  | Email Address       |         |         |                |
| 860-482-6246      |                  | 860-489- | 7212          |                    |          |          | nickalin | nonos@ym            | ail.com |         |                |
| Contact Role(s):  | Legal Contact,   | Owner    |               |                    |          |          |          |                     |         |         |                |
| Name              |                  |          | (             | Organization       |          |          |          |                     | J       | ob Titl | e              |
| Mr. Bernard L Ze  | fi               |          | [             | De Capo Rest       | aurant   |          |          | General N           | Лanage  | r       |                |
| Mailing Address I | Line One         |          | Mailing Addre | ess Line Two       |          |          |          | City                |         | State   | Zip Code       |
| 625 Torrington R  | oad              |          |               |                    |          |          | Litchfie | ld                  |         | СТ      | 06790          |
| Business Phone    | Extension        | Fax      | Mol           | Mobile Phone Emerg |          |          | Email A  | Email Address       |         |         |                |
| 646-477-6246      |                  |          |               |                    |          |          | bernard  | dlzefi@gma          | il.com  |         |                |
| Contact Role(s):  | Administrative   | Contact  | ,             |                    |          |          |          |                     |         |         |                |

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|   | Connecticut D              | epartment of       | Public Health I      | )rinki  | ing Wa    | ater Se    | ction        |              |  |
|---|----------------------------|--------------------|----------------------|---------|-----------|------------|--------------|--------------|--|
|   | Water (                    | Duality Monit      | oring and Comp       | olianc  | e Sche    | edule      |              |              |  |
| PWS ID  | PWS Name                   | eccurey 1 101110   |                      |         |           |            | ner Type Pri | imary Source |  |
| CT0740444                                       | TOLL GATE HILL INN &       | RESTAURANT         |                      | NC      |           | 25         | P GW         |              |  |
| Local Address                                   | (where applicable)         |                    | Service Residentia   | I Comm  | ercial In | ndustrial  | Combined     | Agricultura  |  |
| 571 TORRING                                     |                            |                    | Connections          | 3       | }         |            |              | J            |  |
| Towns Served                                    | l: LITCHFIELD              |                    |                      |         |           |            |              |              |  |
|   |                            | Monito             | oring Requirement    | ts      |           |            |              |              |  |
| Water Syste                                     | m Facility: DISTRIBUTION   | ON SYSTEM (WSF I   | D: 00600)            |         |           |            |              |              |  |
| <b>Total Colifo</b>                             | rm (3100)                  |                    |                      |         |           | 1 rou      | itine (RT) p | er quarter   |  |
| Sampling  | g Point (Sampling Point ID | )                  | Monitoring           | Period  | Collect   | ion Period | Complia      | ınce Status  |  |
| Select fro                                      | om Inventory of Active San | npling Points      | 10/1/18 - 1          | 2/31/18 |           |            | Cor          | mplete       |  |
|   |                            |                    | 1/1/19 - 3,          | /31/19  |           |            | Cor          | nplete       |  |
|   |                            |                    | 4/1/19 - 6,          | /30/19  |           |            |              |              |  |
|   |                            |                    | 7/1/19 - 9,          | /30/19  |           |            |              |              |  |
| <b>Physical Par</b>                             | rameters (PPS)             |                    |                      |         |           | 1 rou      | itine (RT) p | er quarter   |  |
| Sampling  | g Point (Sampling Point ID | )                  | Monitoring           | Period  | Collect   | ion Period | Complia      | ince Status  |  |
| Select from Inventory of Active Sampling Points |                            |                    | 10/1/18 - 1          | 2/31/18 |           |            | Cor          | nplete       |  |
|   |                            |                    | 1/1/19 - 3,          | /31/19  |           |            | Cor          | nplete       |  |
|   |                            |                    | 4/1/19 - 6,          | /30/19  |           |            |              |              |  |
|   |                            |                    | 7/1/19 - 9,          | /30/19  |           |            |              |              |  |
| Water Syste                                     | m Facility: ENTRY POIN     | NT (WSF ID: 00700) |                      |         |           |            |              |              |  |
| Nitrate And                                     | Nitrite (NOX)              |                    |                      |         |           | 1          | routine (R   | Γ) per year  |  |
| Sampling  | g Point (Sampling Point ID | )                  | Monitoring           | Period  | Collect   | ion Period | Complia      | ince Status  |  |
| ENTRY P   | OINT (3)                   |                    | 1/1/18 - 12          | /31/18  |           |            | Cor          | mplete       |  |
|   |                            |                    | 1/1/19 - 12          | /31/19  |           |            | Cor          | mplete       |  |
|   |                            |                    | 1/1/20 - 12          | /31/20  |           |            |              |              |  |
|   | Wat                        | er System Facili   | ty and Sampling P    | oint In | vento     | ry         |              |              |  |
| Water   |                            |                    |                      |         | Total     | Lead and   |              |              |  |
| •   | ater System Facility       | Sampling Point     | Sampling Point       |         | Coliform  | Copper     |              | Stage        |  |
| Facility ID                                     |                            | ID                 | Description          | Status  | Rule      | Rule Tier  | Asbestos     | WQP 2 DBP    |  |
| 00600 DIS                                       | STRIBUTION SYSTEM          | 4                  | DISTRIBUTION SYSTEM  | Α       | Υ         |            |              |              |  |
|   |                            | DOWNSTREAM         | WITHIN 5 SERVICE CON | Α       |           |            |              |              |  |
|   |                            | UPSTREAM           | WITHIN 5 SERVICE CON | Α       |           |            |              |              |  |
| 00700 EN  | TRY POINT                  | 3                  | ENTRY POINT          | Α       |           |            |              |              |  |
| 21307 WI  | ELL                        | 2                  | WELL                 | Α       |           |            |              |              |  |
| 56296 BL  | ADDER TANKS                |                    |                      |         |           |            |              |              |  |
|   |                            | Con                | tact Information     |         |           |            |              |              |  |
| Name  |                            | Oi                 | rganization          |         |           |            | Job Title    |              |  |

| Contact Information |               |           |              |                |                 |                         |             |       |          |  |  |  |
|---------------------|---------------|-----------|--------------|----------------|-----------------|-------------------------|-------------|-------|----------|--|--|--|
| Name                |               |           | Organization | า              | Job Title       |                         |             |       |          |  |  |  |
| Mr. John Pecora     |               |           |              | Toll Gate Hil  | l Inn, LLC      |                         | Member      |       |          |  |  |  |
| Mailing Address Lin | e One         |           | Mailing Add  | dress Line Two |                 |                         | City        | State | Zip Code |  |  |  |
| 571 Torrington Roa  | d             |           | P.O. Box 16  | 60             |                 | Litchfield              | d           | СТ    | 06759    |  |  |  |
| Business Phone      | Extension     | Fax       | N            | Nobile Phone   | Emergency Phone | Email Ad                | ail Address |       |          |  |  |  |
| 860-567-1233        |               | 860-567-1 | 1230         |                |                 | alicia@tollgatehill.com |             |       |          |  |  |  |
| Contact Role(s): A  | dministrative | Contact   |              |                | ·               |                         |             |       |          |  |  |  |

|                  | Lonnectic        | ut Depa     | rtment c      | of Public    | Health        | Drii    | nking    | water       | Section   | n    |              |
|------------------|------------------|-------------|---------------|--------------|---------------|---------|----------|-------------|-----------|------|--------------|
|                  | Wat              | ter Qua     | lity Moni     | toring a     | nd Con        | nplia   | nce S    | Schedul     | e         |      |              |
| PWS ID           | PWS Name         |             |               |              |               | Classif | ication  | Population  | Owner Typ | e Pr | imary Source |
| CT0740444        | TOLL GATE HILL   | INN & RESTA | AURANT        |              |               | N       | IC       | 25          | Р         | P G  |              |
| ocal Address (w  | here applicable) |             |               | Service      | vice Resident |         | mmerci   | al Industri | al Combi  | ned  | Agricultural |
| 71 TORRINGTO     | N ROAD           |             | Connection    | ns           |               | 3       |          |             |           |      |              |
| Towns Served: LI | TCHFIELD         |             |               | ·            | ·             |         |          |             | ·         |      |              |
| Name             |                  |             | (             | Organization |               |         |          |             | Job Ti    | tle  |              |
| 571 Torrington R | d LLC            |             |               |              |               |         |          |             |           |      |              |
| Mailing Address  | Line One         |             | Mailing Addre | ess Line Two |               |         |          | City        | State     | غ    | Zip Code     |
| 571 Torrington R | d                |             |               |              |               |         | Litchfie | eld         | СТ        |      | 06750        |
| Business Phone   | Extension        | Fax         | Mol           | oile Phone   | Emergency     | / Phone | Email A  | ddress      | ress      |      |              |
|                  |                  |             |               |              |               |         |          |             |           |      |              |
|                  |                  |             |               |              |               |         |          |             |           |      |              |

Contact Role(s): Legal Contact, Owner

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|               | Water Quality Monitoring and Compliance Schedule |             |         |             |            |             |                |                 |  |  |  |  |
|---------------|--|-------------|---------|-------------|------------|-------------|----------------|-----------------|--|--|--|--|
| PWS ID        | PWS Name   |             | Cla     | ssification | Population | Owner Type  | Primary Source |                 |  |  |  |  |
| СТ0740464     | TOPSMEAD STATE PARK/CHASE HOUSE                  |             |         |             | NC         | 25          | S              | GW              |  |  |  |  |
| Local Address | (where applicable)                               | Service     | Resider | ntial       | Commerci   | al Industri | al Combine     | ed Agricultural |  |  |  |  |
| BUFLL ROAD    |  | Connections | 2       |             |            |             |                |                 |  |  |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD

| Monitoring Requirements  |   |   |  |  |  |  |  |  |  |  |
|--------------------------|---|---|--|--|--|--|--|--|--|--|
| 00600)                   |   |   |  |  |  |  |  |  |  |  |
|                          | 1 rout  | ine (RT) per quarter  |  |  |  |  |  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>  | Compliance Status   |  |  |  |  |  |  |  |  |
| 4/1/19 - 6/30/19         |   |   |  |  |  |  |  |  |  |  |
| 7/1/19 - 9/30/19         |   |   |  |  |  |  |  |  |  |  |
|                          | 1 rout  | ine (RT) per quarter  |  |  |  |  |  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>  | <b>Compliance Status</b>  |  |  |  |  |  |  |  |  |
| 4/1/19 - 6/30/19         |   |   |  |  |  |  |  |  |  |  |
| 7/1/19 - 9/30/19         |   |   |  |  |  |  |  |  |  |  |
|                          |   |   |  |  |  |  |  |  |  |  |
|                          | 1 r   | outine (RT) per year  |  |  |  |  |  |  |  |  |
| <b>Monitoring Period</b> | <b>Collection Period</b>  | Compliance Status   |  |  |  |  |  |  |  |  |
| 1/1/18 - 12/31/18        |   | Complete  |  |  |  |  |  |  |  |  |
| 1/1/19 - 12/31/19        |   |   |  |  |  |  |  |  |  |  |
| 1/1/20 - 12/31/20        |   |   |  |  |  |  |  |  |  |  |
|                          | Monitoring Period 4/1/19 - 6/30/19 7/1/19 - 9/30/19  Monitoring Period 4/1/19 - 6/30/19 7/1/19 - 9/30/19  Monitoring Period 1/1/19 - 12/31/18 1/1/19 - 12/31/19 | 1 rout  Monitoring Period Collection Period  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Monitoring Period Collection Period  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 ro  Monitoring Period Collection Period  1/1/18 - 12/31/18  1/1/19 - 12/31/19 |  |  |  |  |  |  |  |  |

|                                | Water System Facility and Sampling Point Inventory |                      |                               |        |                           |  |          |     |                 |  |  |  |  |  |
|--------------------------------|--|----------------------|-------------------------------|--------|---------------------------|--|----------|-----|-----------------|--|--|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point<br>Description | Status | Total<br>Coliform<br>Rule |  | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM           | Α      | Υ                         |  |          |     |                 |  |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON          | Α      |                           |  |          |     |                 |  |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON          | Α      |                           |  |          |     |                 |  |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                   | Α      |                           |  |          |     |                 |  |  |  |  |  |
| 21309                          | WELL   | 2                    | WELL                          | Α      |                           |  |          |     |                 |  |  |  |  |  |

|                          |           |           |         | Contact Info     | ormation        |                     |                     |           |       |  |
|--------------------------|-----------|-----------|---------|------------------|-----------------|---------------------|---------------------|-----------|-------|--|
| Name                     |           |           |         | Organization     |                 |                     |                     | Job Title |       |  |
| Mr. David Cooley         |           |           |         | Deep-Engine      | ering Unit      |                     | Supv Civil Engineer |           |       |  |
| Mailing Address Line One |           |           | Mailing | Address Line Two |                 | City                | State               | Zip Code  |       |  |
| 163 Great Hill Road      |           |           |         |                  |                 | Portland            |                     | СТ        | 06480 |  |
| Business Phone           | Extension | Fax       |         | Mobile Phone     | Emergency Phone | Email Ac            | nail Address        |           |       |  |
| 860-342-2215             |           | 860-344-2 | 2560    | 860-205-7552     | 860-424-3333    | david.cooley@ct.gov |                     |           |       |  |

Contact Role(s): Administrative Contact, Legal Contact, Owner

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                 | Connecticut Department of Public Health Drinking Water Section |             |         |       |             |             |           |       |              |  |  |  |
|-----------------|--|-------------|---------|-------|-------------|-------------|-----------|-------|--------------|--|--|--|
|                 | Water Quality Monit  | oring and   | d Con   | npl   | liance S    | Schedul     | e         |       |              |  |  |  |
| PWS ID          | PWS Name   |             |         | Cla   | ssification | Population  | Owner Typ | e Pri | imary Source |  |  |  |
| CT0740504       | WHITE MEMORIAL CAMPGROUND                                      |             |         |       | NC          | 25          | Р         |       | GW           |  |  |  |
| Local Address ( | where applicable)  | Service     | Residen | itial | Commercia   | al Industri | al Combi  | ned   | Agricultural |  |  |  |
| NORTH SHORE     | ROAD   | Connections |         |       | 1           |             |           |       |              |  |  |  |

| Towns Served: LITCHFIELD                              |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Monitori  | ng Requirements          |                          |                          |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 00600)                   |                          |                          |
| Total Coliform (3100)                                 |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points       | 10/1/18 - 12/31/18       |                          | Complete                 |
|   | 1/1/19 - 3/31/19         |                          |                          |
|   | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |
| Physical Parameters (PPS)                             |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points       | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |
| Water System Facility: ENTRY POINT (WSF ID: 00700)    |                          |                          |                          |
| Nitrate And Nitrite (NOX)                             |                          | 1 rc                     | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                                       | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/20        |                          |                          |
| Other Com   | pliance Schedules        |                          |                          |
| Compliance Schedule Activity                          | Due Date                 | Achieved D               | ate                      |
| CROSS CONNECTION SURVEY REPORT                        | 3/1/2019                 |                          |                          |

| Other Compliance Schedules     |          |               |  |  |  |  |  |  |  |
|--------------------------------|----------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity   | Due Date | Achieved Date |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2019 |               |  |  |  |  |  |  |  |
| SEASONAL START UP COMPLETION   | 5/1/2019 |               |  |  |  |  |  |  |  |

|                                | Wat                   | er System Facili     | ty and Sampling Po         | oint Ir | vento                     | ſy                              |          |                     |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|---------------------|
| Water<br>System<br>Facility IL | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | Stage<br>WQP 2 DBPI |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α       | Υ                         |                                 |          |                     |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |                     |
|                                |                       | PF1                  | SPIGOT PUMP HOUSE          | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF10                 | SPIGOT WOMENS              | 1       | Υ                         |                                 |          |                     |
|                                |                       | PF11                 | SPIGOT OUTHOUSE BACK       | 1       | Υ                         |                                 |          |                     |
|                                |                       | PF2                  | SPIGO SITE 5               | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF3                  | SPIGOT SITE 10A            | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF4                  | SPIGOT SITE 14             | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF5                  | SPIGOT END                 | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF6                  | SPIGOT SITE 27             | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF7                  | SPIGOT DUMP STATION        | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF8                  | SPIGOT SILVER TANK         | Α       | Υ                         |                                 |          |                     |
|                                |                       | PF9                  | SPIGOT MENS                | 1       | Υ                         |                                 |          |                     |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |                     |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                | Α       |                           |                                 |          |                     |

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | <u> </u>                  |               |             | 1          |                |             |                 |
|------------------|---------------------------|---------------|-------------|------------|----------------|-------------|-----------------|
| PWS ID           | PWS Name                  | Classificatio | n Populatio | Owner Type | Primary Source |             |                 |
| CT0740504        | WHITE MEMORIAL CAMPGROUND |               |             | NC         | 25             | Р           | GW              |
| Local Address (v | vhere applicable)         | Service       | Residen     | tial Comme | rcial Indust   | rial Combin | ed Agricultural |
| NORTH SHORE      | ROAD                      | Connections   |             | 1          |                |             |                 |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |          |                                 |          |     |                 |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|----------|---------------------------------|----------|-----|-----------------|--|--|--|--|
| Water<br>System<br>Facility IL |  | Sampling Point<br>ID | Sampling Point Description | Status | Coliform | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |  |
| 21313                          | WELL   | 2                    | WELL                       | Α      |          |                                 |          |     |                 |  |  |  |  |
| 56213                          | ATMOSPHERIC TANK                                   |                      |                            |        |          |                                 |          |     |                 |  |  |  |  |
| 56215                          | BLADDER TANK                                       |                      |                            |        |          |                                 |          |     |                 |  |  |  |  |

| Contact Information |           |           |              |                                 |                           |              |                          |      |                    |          |  |  |
|---------------------|-----------|-----------|--------------|---------------------------------|---------------------------|--------------|--------------------------|------|--------------------|----------|--|--|
| Name                |           |           |              | Orga                            | Organization              |              |                          |      | Job Title          |          |  |  |
| Mr. Keith Cudworth  |           |           |              | Whit                            | White Memorial Foundation |              |                          |      | Executive Director |          |  |  |
| Mailing Address Lin | e One     |           | Mailing Addr |                                 |                           |              |                          | City | State              | Zip Code |  |  |
| P O Box 368         |           |           |              |                                 |                           |              | Litchfiel                | d    | СТ                 | 06759    |  |  |
| Business Phone      | Extension | Fax       |              | Mobile Phone Emergency Phone Em |                           | Email Ad     | Email Address            |      |                    |          |  |  |
| 860-567-0857        |           | 860-567-2 | 2611         |                                 |                           | 860-567-5924 | INFO@WHITEMEMORIALCC.ORG |      |                    |          |  |  |

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |                                   |             |         |       |             |             |            |                 |  |  |  |  |  |
|--|-----------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|--|--|--|--|--|
| Water Quality Monitoring and Compliance Schedule               |                                   |             |         |       |             |             |            |                 |  |  |  |  |  |
| PWS ID   | PWS Name                          |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |  |  |  |  |  |
| CT0740514  | WHITE MEMORIAL CONF. CTR & MUSEUM |             | NC      | 36    | Р           | GW          |            |                 |  |  |  |  |  |
| Local Address (  | where applicable)                 | Service     | Residen | itial | Commerci    | al Industri | al Combine | ed Agricultural |  |  |  |  |  |
| 71 WHITEHALL   | ROAD                              | Connections |         |       | 5           |             |            |                 |  |  |  |  |  |
| Towns Served:  | LITCHFIELD                        |             |         |       | 1           | 1           | '          |                 |  |  |  |  |  |
|  | Monito                            | oring Requ  | ireme   | nts   |             |             |            |                 |  |  |  |  |  |

| 71 WHITEHALL ROAD                          |             | Connections       | ;            | 5               |                     |               |                 |
|--|-------------|-------------------|--------------|-----------------|---------------------|---------------|-----------------|
| Towns Served: LITCHFIELD                   |             | '                 |              | '               |                     | -             |                 |
|  | Мо          | nitoring Requ     | uirement     | ts              |                     |               |                 |
| Water System Facility: <b>DISTRIBUTION</b> | SYSTEM (W   | /SF ID: 00600)    |              |                 |                     |               |                 |
| Total Coliform (3100)                      |             |                   |              |                 | 1 r                 | outine (RT) p | er quarter      |
| Sampling Point (Sampling Point ID)         |             |                   | Monitoring   | Period          | Collection Perio    | od Complia    | ance Status     |
| Select from Inventory of Active Sampl      | ing Points  |                   | 10/1/18 - 12 | 2/31/18         |                     | Cor           | mplete          |
|  |             |                   | 1/1/19 - 3/  | /31/19          |                     | Cor           | mplete          |
|  |             |                   |              |                 |                     |               |                 |
|  |             |                   |              |                 |                     |               |                 |
| Physical Parameters (PPS)                  |             |                   |              |                 | 1 r                 | outine (RT) p | -               |
| Sampling Point (Sampling Point ID)         |             |                   | Monitoring   |                 | Collection Perio    |               | ance Status     |
| Select from Inventory of Active Sampl      | ing Points  |                   | 10/1/18 - 12 |                 |                     |               | mplete          |
|  |             |                   | 1/1/19 - 3/  |                 |                     | Cor           | mplete          |
|  |             |                   | 4/1/19 - 6/  |                 |                     |               |                 |
|  |             |                   | 7/1/19 - 9/  | /30/19          |                     |               |                 |
| Water System Facility: ENTRY POINT         | (WSF ID: 00 | 700)              |              |                 |                     |               |                 |
| Nitrate And Nitrite (NOX)                  |             |                   |              |                 |                     | 1 routine (R  |                 |
| Sampling Point (Sampling Point ID)         |             |                   | Monitoring   |                 | Collection Perio    | od Complia    | ance Status     |
| ENTRY POINT (3)                            |             |                   | 1/1/18 - 12  |                 |                     |               |                 |
|  |             |                   | 1/1/19 - 12  | Complete        |                     |               |                 |
|  |             |                   | 1/1/20 - 12  |                 |                     |               |                 |
|  | Public      | Notification F    | Requiren     | nents           |                     |               |                 |
|  |             | Compliance        | Notice       | <u>Public I</u> | <u>Votification</u> | PN Certi      | <u>fication</u> |
| Violation/Situation                        |             | Period            | Tier         | Required        |                     |               | Received        |
| Nitrate And Nitrite M&R Violation          |             | 1/1/18 - 12/31/18 | 3            | 2/29/2020       | 3/6/2019            | 3/10/2020     | 3/6/2019        |
| Water                                      | System Fa   | acility and Sa    | mpling P     | oint Inv        | entory              |               |                 |
| Water                                      |             |                   |              | 1               | Total Lead a        | nd            |                 |
| System Water System Facility               |             | oint Sampling Po  | int          | Со              | liform Coppe        |               | Stage           |
| Facility ID                                | ID          | Description       |              | Status          | Rule Rule T         | ier Asbestos  | WQP 2 DBPR      |
| 00600 DISTRIBUTION SYSTEM                  | 4           | DISTRIBUTIO       |              | Α               | Υ                   |               |                 |
|  |             | EAM WITHIN 5 SE   |              | Α               |                     |               |                 |
|  | UPSTREA     | M WITHIN 5 SE     | RVICE CON    | Α               |                     |               |                 |
| 00700 ENTRY POINT                          | 3           | ENTRY POIN        | Γ            | Α               |                     |               |                 |

|                                | water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |     |                 |  |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | А      | Υ                         |                                 |          |     |                 |  |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
| 21314                          | WELL   | 2                    | WELL                       | Α      |                           |                                 |          |     |                 |  |  |  |  |  |
| 56217                          | BLADDER TANKS                                      |                      |                            |        |                           |                                 |          |     |                 |  |  |  |  |  |

| Contact Information                   |           |           |       |               |                            |                 |               |                    |          |       |  |
|---------------------------------------|-----------|-----------|-------|---------------|----------------------------|-----------------|---------------|--------------------|----------|-------|--|
| Name                                  |           |           |       | (             | Organization               |                 | Job Title     |                    |          |       |  |
| Mr. Keith Cudworth                    |           |           |       |               | White Memorial Foundation  |                 |               | Executive Director |          |       |  |
| Mailing Address Line One Mailing Addr |           |           | Addre | ress Line Two |                            |                 | City          | State              | Zip Code |       |  |
| P O Box 368                           |           |           |       |               |                            |                 | Litchfield    | d                  | СТ       | 06759 |  |
| Business Phone                        | Extension | Fax       |       | Mok           | oile Phone                 | Emergency Phone | Email Address |                    |          |       |  |
| 860-567-0857                          |           | 860-567-2 | 2611  |               | 860-567-5924 INFO@WHITEMEI |                 | VHITEMEMO     | ORIALCC.ORG        |          |       |  |

| Conn    | Connecticut Department of Public Health Drinking Water Section |                |            |         |      |      |  |  |  |  |  |  |
|---------|--|----------------|------------|---------|------|------|--|--|--|--|--|--|
|         | Water Quality Monitoring and Compliance Schedule               |                |            |         |      |      |  |  |  |  |  |  |
| PWS Nar | ne   | Classification | Population | Owner - | Tvpe | Prim |  |  |  |  |  |  |

| PWS ID           | PWS Name                          |             |         | Cla   | ssification | Population  | Owner Type | Pri | mary Source  |
|------------------|-----------------------------------|-------------|---------|-------|-------------|-------------|------------|-----|--------------|
| CT0740514        | WHITE MEMORIAL CONF. CTR & MUSEUM |             |         |       | NC          | 36          | Р          |     | GW           |
| Local Address (w | here applicable)                  | Service     | Resider | itial | Commerci    | al Industri | al Combin  | ed  | Agricultural |
| 71 WHITEHALL F   | ROAD                              | Connections |         |       | 5           |             |            |     |              |

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|   |                                   | 1 11 77   | 1.1 D                        | . 1.      | Y 4   | T           |          |        |              |
|---|-----------------------------------|-----------|------------------------------|-----------|-------|-------------|----------|--------|--------------|
| Conn                                      | ecticut Department of Pu          |           |                              |           | _     |             |          | n      |              |
|   | Water Quality Monitori            | ng and    |                              |           |       |             |          |        |              |
| PWS ID PWS Nai                            |                                   |           | Clas                         |           | n Pop | '           |          | pe Pr  | imary Source |
|   | /I HOUSE                          |           |                              | NC        |       | 31          | Р        |        | GW           |
| Local Address (where app                  | -                                 | vice<br>  | Residential                  | Commer    | rcial | Industrial  | Comb     | oined  | Agricultural |
|   |                                   | nections  |                              | 1         |       |             |          |        |              |
| Towns Served: LITCHFIEL                   |                                   |           |                              |           |       |             |          |        |              |
|   | Monitorin                         |           | irements                     |           |       |             |          |        |              |
|   | DISTRIBUTION SYSTEM (WSF ID: 00   | 0600)     |                              |           |       |             |          | \      |              |
| Total Coliform (3100)                     |                                   |           |                              |           | o "   |             |          |        | er quarter   |
| Sampling Point (San                       |                                   |           | Monitoring P                 |           | Colle | ction Perio | od Co    |        | ance Status  |
| Select from Inventor                      | ry of Active Sampling Points      | -         | 10/1/18 - 12/                |           |       |             |          |        | mplete       |
|   |                                   |           | 1/1/19 - 3/3                 |           |       |             |          | Cor    | mplete       |
|   |                                   |           | 4/1/19 - 6/3<br>7/1/19 - 9/3 |           |       |             |          |        |              |
| Dhysical Darameters                       | 'nnc\                             |           | 7/1/19 - 9/5                 | 0/19      |       | 1           | outing ! | (DT) ~ | or augrtor   |
| Physical Parameters ( Sampling Point (Sam | • · · · · · · · ·                 |           | Monitoring P                 | Period    | Colle | ction Perio |          |        | er quarter   |
|   | ry of Active Sampling Points      |           | 10/1/18 - 12/                |           | Cone  | ction rent  | ou co    |        | mplete       |
| Sciect from inventor                      | y of Active Sumpling Forms        | •         | 1/1/19 - 3/3                 |           |       |             |          |        | mplete       |
|   |                                   |           | 4/1/19 - 6/3                 |           |       |             |          |        | пріссс       |
|   |                                   |           | 7/1/19 - 9/3                 |           |       |             |          |        |              |
| Water System Facility:                    | ENTRY POINT - WELLS 2, 3, & 4 (W  | SF ID: 00 |                              | -, -      |       |             |          |        |              |
| Nitrate And Nitrite (N                    |                                   |           |                              |           |       |             | 1 routi  | ne (R  | T) per year  |
| Sampling Point (San                       |                                   |           | Monitoring P                 | eriod     | Colle | ction Perio |          | -      | ance Status  |
| EP - WELLS 2, 3, & 4                      | (3)                               |           | 1/1/18 - 12/3                | 31/18     |       |             |          | Cor    | mplete       |
|   |                                   |           | 1/1/19 - 12/3                | 31/19     |       |             |          | Cor    | mplete       |
|   |                                   |           | 1/1/20 - 12/3                | 31/20     |       |             |          |        |              |
| Mo  | onthly Water System Facility      | (WSF) L   | evel Mor                     | nitorin   | g Re  | quirem      | ents     |        |              |
| Water System Facility:                    | ENTRY POINT - WELLS 2, 3, & 4 (WS | SFID: 007 | 01)                          |           |       |             |          |        |              |
| Analyte                                   | Monitoring Requirement (Summary T | ype)      | Operatir                     | ng Limit  |       |             | Samp     | les Re | q/Month      |
| рН  | Entry Point pH Monitoring (PHRD)  |           | Minimur                      | n: 7.0 PH | 1     |             |          | Dai    | ly           |
| Start Date: 8/1/2016                      | 5                                 | Complia   | nce History:                 | (         | Opera | ting Limit  | Mo       | onitor | ing          |
|   |                                   | Monitor   | ing Period                   |           | -     | liance Stat | us: Co   | mplia  | nce Status:  |
|   |                                   | 11/1/20   | 18 - 11/30/20                | 18        |       |             |          |        | N            |
|   |                                   | 12/1/20   | 18 - 12/31/20                | 18        |       |             |          |        | N            |
|   |                                   |           | 9 - 1/31/2019                |           |       |             |          |        | N            |
|   |                                   |           | 9 - 2/28/2019                |           |       |             |          |        | N            |
|   |                                   | 3/1/201   | 9 - 3/31/2019                | )         |       |             |          |        |              |
|   |                                   | 4/1/201   | 9 - 4/30/2019                | )         |       |             |          |        |              |
|   | Other Com                         | pliance   | Schedule                     | es        |       |             |          |        |              |
| Compliance Schedule Act                   | ivity                             |           | Due                          | Date      |       | Achieve     | ed Date  |        |              |
| CROSS CONNECTION SUR                      | VEY REPORT                        |           | 3/1/                         | 2020      |       |             |          |        |              |
|   | Water System Facility a           | and Sar   | npling Po                    | int Inv   | ent   | ory         |          |        |              |
| Water                                     |                                   |           |                              |           | Total |             | nd       |        |              |

Total Lead and **Water System Facility** Sampling Point Sampling Point System **Coliform** Copper Stage **Facility ID** ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

|   | Connecticut Department of Public Health Drinking Water Section<br>Water Quality Monitoring and Compliance Schedule |   |  |  |           |             |            |    |              |  |
|---|--|---|--|--|-----------|-------------|------------|----|--------------|--|
| PWS ID  | PWS Name   | VS Name Classification   Population   Owner Type   Primary Source |  |  |           |             |            |    |              |  |
| CT0740524                                     | WISDOM HOUSE   |   |  |  | NC        | 31          | Р          |    | GW           |  |
| Local Address (where applicable) Service Resi |  |   |  |  | Commercia | al Industri | al Combine | ed | Agricultural |  |
|   | Connections 1  |   |  |  |           |             |            |    |              |  |

|                                | Water                          | <b>System Facili</b> | ity and Sampling P         | oint Ir | nvento                    | ry |          |                     |
|--------------------------------|--------------------------------|----------------------|----------------------------|---------|---------------------------|----|----------|---------------------|
| Water<br>System<br>Facility ID | Water System Facility          | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule |    | Asbestos | Stage<br>WQP 2 DBPI |
|                                |                                | UPSTREAM             | WITHIN 5 SERVICE CON       | А       |                           |    |          |                     |
|                                |                                | WISDOMH001           | HAND WASH SINK             | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH002           | KITCHENETTE 1              | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH003           | KITCHENETTE 2              | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH004           | TEA ROOM                   | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH005           | LOBBY BATH                 | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH006           | 1 OFFICE BATH              | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH007           | VISITATION 3 BATH          | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH008           | ELEVATOR BATH              | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH009           | OFFICE 2 BATH              | Α       | Υ                         |    |          |                     |
|                                |                                | WISDOMH010           | 417 BATH                   | Α       | Υ                         |    |          |                     |
| 00701                          | ENTRY POINT - WELLS 2, 3, & 4  | 3                    | EP - WELLS 2, 3, & 4       | Α       |                           |    |          |                     |
| 2                              | WELL 4                         | 2                    | WELL 4                     | Α       |                           |    |          |                     |
| 21315                          | WELL 3                         | 2                    | WELL 3                     | Α       |                           |    |          |                     |
| 53521                          | WELL 2                         | 2                    | WELL 2                     | Α       |                           |    |          |                     |
| 54058                          | HYDROPNEUMATIC STORAGE<br>TANK |                      |                            |         |                           |    |          |                     |
| F4060                          | WISDOM HOUSE TREATMENT         |                      |                            |         |                           |    |          |                     |

| 54060 | WISDOM HOUSE TREATMENT  |
|-------|-------------------------|
| 24000 | MISDOM HOOSE IKENTIMENT |

| 34000 WISDOW          | I HOUSE IKEA  | TIVILIVI     |             |               |                 |            |                 |           |          |
|-----------------------|---------------|--------------|-------------|---------------|-----------------|------------|-----------------|-----------|----------|
|                       |               |              | C           | ontact Inf    | ormation        |            |                 |           |          |
| Name                  |               |              |             | Organization  |                 |            |                 | Job Title |          |
| Daughters of Wisdo    | om, Inc.      |              |             |               |                 |            |                 |           |          |
| Mailing Address Line  | e One         |              | Mailing Add | ress Line Two |                 |            | City            | State     | Zip Code |
| 229 East Litchfield R | Road          |              |             |               |                 | Litchfield | b               | СТ        | 06759    |
| Business Phone        | Extension     | Fax          | М           | obile Phone   | Emergency Phone | Email Ac   | ldress          |           |          |
| 860-567-3163          |               |              |             |               |                 |            |                 |           |          |
| Contact Role(s): O    | wner          |              |             |               |                 |            |                 |           |          |
| Name                  |               |              |             | Organization  | l               |            |                 | Job Title |          |
| Ms. Deborah Kelly     |               |              |             | Daughters of  | Wisdom, Inc     |            | Executive Direc | tor       |          |
| Mailing Address Line  | e One         |              | Mailing Add | ress Line Two |                 |            | City            | State     | Zip Code |
| 229 East Litchfield R | Road          |              |             |               |                 | Litchfield | d               | СТ        | 06759    |
| Business Phone        | Extension     | Fax          | М           | obile Phone   | Emergency Phone | Email Ac   | ldress          |           |          |
| 860-567-3163          |               |              |             |               | 860-567-3164    | dk@wise    | domhouse.org    |           |          |
| Contact Role(s): Ac   | dministrative | Contact, Leg | al Contact  |               |                 |            |                 |           |          |

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |
|  |

| Water Quanty Monitoring and Comphance Schedule |                                  |  |                |       |                        |             |                |                 |  |  |
|--|----------------------------------|--|----------------|-------|------------------------|-------------|----------------|-----------------|--|--|
| PWS ID PWS Name C                              |                                  |  | Classification |       | ssification Population |             | Primary Source |                 |  |  |
| CT0740524                                      | WISDOM HOUSE                     |  |                |       | NC                     | 31          | Р              | GW              |  |  |
| Local Address (v                               | Local Address (where applicable) |  |                | itial | Commerci               | al Industri | al Combine     | ed Agricultural |  |  |
|  | Connections                      |  |                | 1     |                        |             |                |                 |  |  |

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                    | Connecticut Dep                  | partmer        | nt of Public H                   | ealth                       | Dr   | inking           | Water              | Section    | 1                    |
|--------------------|----------------------------------|----------------|----------------------------------|-----------------------------|------|------------------|--------------------|------------|----------------------|
|                    | Water Qu                         | ality M        | onitoring and                    | d Con                       | ıpl  | iance S          | Schedul            | e          |                      |
| PWS ID             | PWS Name                         |                |                                  |                             | Clas | sification       | Population         | Owner Type | e Primary Source     |
| CT0740534          | WOODS PIT BBQ AND ME             | XICAN          |                                  |                             |      | NC               | 25                 | Р          | GW                   |
| Local Addres       | ss (where applicable)            |                | Service                          | Residen                     | tial | Commerci         | al Industri        | al Combir  | ned Agricultural     |
| 123 BANTAN         | M LAKE ROAD                      |                | Connections                      |                             |      | 1                |                    |            |                      |
| Towns Serve        | ed: LITCHFIELD                   |                | ,                                |                             | ,    |                  | '                  | ,          |                      |
|                    |                                  | M              | onitoring Requ                   | ireme                       | nts  |                  |                    |            |                      |
| Water Syst         | em Facility: <b>DISTRIBUTION</b> | SYSTEM (       | WSF ID: 00600)                   |                             |      |                  |                    |            |                      |
| <b>Total Colif</b> | form (3100)                      |                |                                  |                             |      |                  | 1                  | routine (R | T) per quarter       |
| Sampli             | ing Point (Sampling Point ID)    |                | ı                                | Monitori                    | ng P | eriod C          | ollection Pe       | riod Con   | npliance Status      |
| Select f           | from Inventory of Active Sampl   | ing Points     |                                  | LO/1/18 -                   | 12/3 | 31/18            |                    |            | Complete             |
|                    |                                  |                |                                  | 1/1/19 -                    | 3/3  | 1/19             |                    |            | Complete             |
|                    |                                  |                |                                  | 4/1/19 -                    |      |                  |                    |            |                      |
|                    |                                  |                |                                  | 7/1/19 -                    | 9/30 | 0/19             |                    |            |                      |
| _                  | arameters (PPS)                  |                |                                  |                             |      |                  |                    | -          | T) per quarter       |
|                    | ing Point (Sampling Point ID)    |                |                                  | Monitori                    |      |                  | ollection Pe       | riod Con   | npliance Status      |
| Select f           | from Inventory of Active Sampl   | ing Points     |                                  | 10/1/18 -                   |      |                  |                    |            | Complete             |
|                    |                                  |                |                                  | 1/1/19 - 3/31/19            |      |                  |                    | Complete   |                      |
|                    |                                  |                |                                  | 4/1/19 -                    |      |                  |                    |            |                      |
|                    | - 44.                            |                |                                  | 7/1/19 -                    | 9/30 | 0/19             |                    |            |                      |
| •                  | em Facility: ENTRY POINT         | (WSF ID: 0     | 0700)                            |                             |      |                  |                    |            |                      |
|                    | nd Nitrite (NOX)                 |                |                                  | D # = i+ =i                 | D    | aniad C          | allastian Da       |            | e (RT) per year      |
|                    | ing Point (Sampling Point ID)    |                |                                  | <b>Monitori</b><br>1/1/18 - |      |                  | ollection Pe       | rioa Con   | npliance Status      |
| ENIKY              | POINT (3)                        |                |                                  | 1/1/18 -<br>1/1/19 -        | -    |                  |                    |            | Complete Complete    |
|                    |                                  |                |                                  | 1/1/19 -                    |      |                  |                    |            | Complete             |
|                    |                                  | O+1-           |                                  | · ·                         |      | ·                |                    |            |                      |
| - "                |                                  | Oth            | er Compliance                    |                             |      |                  |                    | 15.        |                      |
|                    | Schedule Activity                |                |                                  |                             |      | Date             | Achie              | ved Date   |                      |
|                    | O SANITARY SURVEY                |                |                                  |                             |      | 2007             |                    |            |                      |
| RESPOND TO         | O SANITARY SURVEY                |                |                                  |                             |      | ′2017            |                    |            |                      |
|                    |                                  | Public         | Notification R                   | equire                      | eme  | ents             |                    |            |                      |
|                    |                                  |                | Compliance                       | Notice                      | •    | <u>Public No</u> | <u>otification</u> |            | <u>Certification</u> |
| Violation/Si       |                                  |                | Period                           | Tier                        |      | Required         | Performe           |            |                      |
| Physical Par       | ameters M&R Violation            |                | 1/1/04 - 3/31/04                 | 3                           |      | .0/19/2005       |                    | 10/29/20   | 005                  |
|                    | Water                            | System I       | Facility and San                 | npling                      | Po   | int Inve         | ntory              |            |                      |
| Water              |                                  |                |                                  |                             |      |                  | otal Lead          |            |                      |
| -                  | Nater System Facility            | Sampling<br>ID | Point Sampling Point Description | nt                          |      |                  | form Cop           |            | Stage                |
| Facility ID        | NICTO ID LITION CVCTTA           |                |                                  |                             |      | Jiuius           |                    | Tier Asbes | tos WQP 2 DBPR       |
| 00600              | DISTRIBUTION SYSTEM              | 4              | DISTRIBUTION                     |                             |      | A                | Υ                  |            |                      |
|                    |                                  |                | REAM WITHIN 5 SER                |                             |      | A                |                    |            |                      |
| 00700 -            | NITOV DOINT                      | UPSTRE         |                                  | VICE CO                     | N    | Α                |                    |            |                      |
|                    | NTRY POINT                       | 3              | ENTRY POINT                      |                             |      | A                |                    |            |                      |
| 21316 V            | VELL                             | 2              | WELL                             |                             |      | A                |                    |            |                      |

Wood's Pit Barbeque

**Contact Information** 

Job Title

State

Zip Code

Manager

City

Organization

Mailing Address Line Two

Name

Mr. Paul W. Haas

Mailing Address Line One

|   | Connecticut Department of Public Health Drinking water Section |             |        |            |    |         |                       |            |     |         |                 |
|---|--|-------------|--------|------------|----|---------|-----------------------|------------|-----|---------|-----------------|
| Water Quality Monitoring and Compliance Schedule                        |  |             |        |            |    |         |                       |            |     |         |                 |
| PWS ID  | PWS Name   |             |        |            |    | Class   | fication              | Population | Own | er Type | Primary Source  |
| CT0740534   | WOODS PIT BBC  | AND MEXICAN |        |            |    |         | NC                    | 25         |     | Р       | GW              |
| Local Address (where applicable) Service Reside                         |  |             |        |            |    | ntial C | Commercial Industrial |            | ial | Combine | ed Agricultural |
| 123 BANTAM LA   | KE ROAD  |             |        | Connection | ns |         | 1                     |            |     |         |                 |
| Towns Served: LI  | ITCHFIELD  |             |        |            |    |         |                       |            |     |         |                 |
| 123 Bantam Lake   | e Rd   | P.O. B      | ox 309 |            |    |         | Bantar                | n          |     | СТ      | 06750           |
| Business Phone Extension Fax Mobile Phone Emergency Phone Email Address |  |             |        |            |    |         |                       |            |     |         |                 |
| 860-567-9869 ZIPPYHAAS@AOL.COM  |  |             |        |            |    |         |                       |            |     |         |                 |

and the Albandan and a CD left Hankle Datality Manager Contin

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                       | Connecticut Department of                                    | Public H    | lealth    | D     | rinking  | Water        | Sect   | ion    |                |  |
|-----------------------|--|-------------|-----------|-------|----------|--------------|--------|--------|----------------|--|
|                       | Water Quality Monit  |             |           |       | _        |              |        |        |                |  |
| PWS ID                | PWS Name Classification Population Owner Type Primary Source |             |           |       |          |              |        |        |                |  |
| CT0740574             | COZY HILLS CAMPGROUND - WELL 2                               |             |           |       | NC       | 25           | Р      |        | GW             |  |
| Local Address (v      | where applicable)  | Service     | Residen   | itial | Commerci | al Industri  | al Coi | mbined | l Agricultural |  |
| 11 COZY HILL (R       | ROUTE 202)   | Connections | 1         |       |          |              |        |        |                |  |
| Towns Served:         | LITCHFIELD   |             |           |       |          |              |        |        |                |  |
|                       | Monito   | oring Requ  | iireme    | nts   | 3        |              |        |        |                |  |
| Water System          | Facility: DISTRIBUTION SYSTEM (WSF I                         | D: 00600)   |           |       |          |              |        |        |                |  |
| <b>Total Coliforn</b> | n (3100)   |             |           |       |          | 1            | routin | e (RT) | per quarter    |  |
| Sampling              | Point (Sampling Point ID)                                    |             | Monitori  | ing F | Period C | ollection Pe | riod   | Compl  | iance Status   |  |
| Select from           | n Inventory of Active Sampling Points                        |             | 10/1/18 - | - 12/ | /31/18   |              |        | Co     | omplete        |  |
|                       |  |             | 4/1/19    | - 6/3 | 0/19     |              |        |        |                |  |
|                       |  |             | 7/1/19    | - 9/3 | 0/19     |              |        |        |                |  |
| <b>Physical Para</b>  | meters (PPS)   |             |           |       |          | 1            | routin | e (RT) | per quarter    |  |
| Sampling              | Point (Sampling Point ID)                                    |             | Monitori  | ing F | Period C | ollection Pe | riod   | Compl  | iance Status   |  |
| Select from           | n Inventory of Active Sampling Points                        |             | 10/1/18 - | - 12/ | /31/18   |              |        | Co     | omplete        |  |
|                       |  | <u> </u>    | 4/1/19    | - 6/3 | 0/19     | <u> </u>     |        |        |                |  |
|                       |  |             | 7/1/19    | - 9/3 | 0/19     |              |        |        |                |  |
| Water System          | Facility: FNTRY POINT - WELL 2 (WSF II                       | D: 00700)   |           |       |          |              |        |        |                |  |

| water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00/00) |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Nitrate And Nitrite (NOX)                                   |                          | 1 rc                     | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                          | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| EP - WELL 2 (3)   | 1/1/18 - 12/31/18        | 4/1-12/31                | Complete                 |
|   | 1/1/19 - 12/31/19        | 4/1-12/31                | _                        |
|   | 1/1/20 - 12/31/20        | 4/1-12/31                |                          |

| Other Comp                               | oliance Schedules |               |
|--|-------------------|---------------|
| Compliance Schedule Activity             | Due Date          | Achieved Date |
| RESPOND TO SANITARY SURVEY               | 7/31/2008         |               |
| RESPOND TO SANITARY SURVEY               | 9/19/2014         |               |
| CORRECTIVE ACTION/CORRECTIVE ACTION PLAN | 10/17/2014        |               |
| RESPOND TO SANITARY SURVEY               | 10/18/2018        |               |
| SEASONAL START UP COMPLETION             | 4/1/2019          |               |

|                                | W                     | ater System Facili   | ity and Sampling P         | oint Ir | vento                     | ry |          |     |                 |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|----|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule |    | Asbestos | WQP | Stage<br>2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | A       | Υ                         |    |          |     |                 |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |    |          |     |                 |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α       |                           |    |          |     |                 |
| 00700                          | ENTRY POINT - WELL 2  | 3                    | EP - WELL 2                | Α       |                           |    |          |     |                 |
| 22786                          | WELL 2                | 2                    | WELL 2                     | Α       |                           |    |          |     |                 |

| Contact Information          |       |      |            |                                     |                |                     |           |       |          |       |  |
|------------------------------|-------|------|------------|-------------------------------------|----------------|---------------------|-----------|-------|----------|-------|--|
| Name                         |       |      |            |                                     | Organization   |                     | Job Title |       |          |       |  |
| Ms. Lelah Campo              |       |      |            |                                     | Cozy Hills Car | mpground            |           | Owner |          |       |  |
| Mailing Address Lin          | e One |      | Mailing    | g Addr                              | ess Line Two   |                     | City      | State | Zip Code |       |  |
| 1311 Bantam Road             |       |      |            |                                     |                |                     | Bantam    |       | СТ       | 06750 |  |
| Business Phone Extension Fax |       | Mc   | bile Phone | bile Phone Emergency Phone Email Ac |                | ldress              |           |       |          |       |  |
| 860-567-2119 860-567-8117    |       | 3117 |            |                                     | 860-281-4051   | admin@cozyhills.com |           |       |          |       |  |

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | 20001 20001109 1 101110        | 9 8         |         |       |            |             |            |                 |
|------------------|--------------------------------|-------------|---------|-------|------------|-------------|------------|-----------------|
| PWS ID           | PWS Name                       |             |         | Clas  | sification | Population  | Owner Type | Primary Source  |
| CT0740574        | COZY HILLS CAMPGROUND - WELL 2 |             |         |       | NC         | 25          | Р          | GW              |
| Local Address (v | where applicable)              | Service     | Residen | ntial | Commerci   | al Industri | al Combine | ed Agricultural |
| 11 COZY HILL (R  | OUTE 202)                      | Connections | 1       |       |            |             |            |                 |

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                 | Connectic                    | ut Department o      | of Public H     | lealth     | Drink       | ing W     | ater Se     | ction       |               |
|-----------------|------------------------------|----------------------|-----------------|------------|-------------|-----------|-------------|-------------|---------------|
|                 | Wat                          | ter Quality Moni     | toring an       | d Com      | pliand      | e Sch     | edule       |             |               |
| PWS ID          | PWS Name                     |                      |                 |            | Classificat | ion Popu  | ulation Own | ner Type Pi | rimary Source |
| CT074060        | 4 BANTAM CINEM               | A                    |                 |            | NC          |           | 25          | Р           | GW            |
| Local Add       | ress (where applicable)      |                      | Service         | Resident   | ial Comm    | nercial I | ndustrial   | Combined    | Agricultural  |
| 99 BANTA        | M LAKE ROAD                  |                      | Connections     |            | -           | 1         |             |             |               |
| Towns Ser       | ved: LITCHFIELD              |                      | '               | 1          | 1           | '         |             |             | 1             |
|                 |                              | Moni                 | toring Requ     | ıiremer    | nts         |           |             |             |               |
| Water Sy        | stem Facility: <b>DISTR</b>  | IBUTION SYSTEM (WSF  | ID: 00600)      |            |             |           |             |             |               |
| <b>Total Co</b> | liform (3100)                |                      |                 |            |             |           | 1 rou       | tine (RT) ا | oer quarter   |
| Samı            | oling Point (Sampling Po     | oint ID)             |                 | Monitorin  | ng Period   | Collect   | tion Period | Compli      | ance Status   |
| Selec           | t from Inventory of Acti     | ve Sampling Points   |                 | 10/1/18 -  | 12/31/18    |           |             | Co          | mplete        |
|                 |                              |                      |                 | 1/1/19 -   | 3/31/19     |           |             | Co          | mplete        |
|                 |                              |                      |                 | 4/1/19 -   | 6/30/19     |           |             |             |               |
|                 |                              |                      |                 | 7/1/19 -   | 9/30/19     |           |             |             |               |
| Physical        | Parameters (PPS)             |                      |                 |            |             |           | 1 rou       | tine (RT) ا | oer quarter   |
| Samı            | oling Point (Sampling Po     | oint ID)             |                 | Monitorin  | ng Period   | Collect   | tion Period | Compli      | ance Status   |
| Selec           | t from Inventory of Acti     | ve Sampling Points   |                 | 10/1/18 -  | 12/31/18    |           |             | Co          | mplete        |
|                 |                              |                      |                 | 1/1/19 -   | 3/31/19     |           |             | Co          | mplete        |
|                 |                              |                      |                 | 4/1/19 -   | 6/30/19     |           |             |             |               |
|                 |                              |                      |                 | 7/1/19 -   | 9/30/19     |           |             |             |               |
| Water Sy        | stem Facility: ENTRY         | POINT (WSF ID: 00700 | <b>)</b>        |            |             |           |             |             |               |
| Nitrate A       | And Nitrite (NOX)            |                      |                 |            |             |           | 1           | routine (R  | T) per year   |
| Samı            | oling Point (Sampling Po     | oint ID)             |                 | Monitorin  | ng Period   | Collect   | tion Period | Compli      | ance Status   |
| ENTR            | RY POINT (3)                 |                      |                 | 1/1/18 - 1 |             |           |             | Co          | mplete        |
|                 |                              |                      |                 | 1/1/19 - 1 |             |           |             |             |               |
|                 |                              |                      |                 | 1/1/20 - 1 | 12/31/20    |           |             |             |               |
|                 |                              | Other (              | Compliance      | Sched      | ules        |           |             |             |               |
| Complian        | ce Schedule Activity         |                      |                 | E          | Due Date    |           | Achieved    | Date        |               |
| RESPOND         | TO SANITARY SURVEY           |                      |                 | 3,         | /22/2013    |           |             |             |               |
| RESPOND         | TO SANITARY SURVEY           |                      |                 | 10         | )/11/2017   |           |             |             |               |
|                 |                              | Water System Faci    | lity and Sar    | npling     | Point Ir    | nvento    | ry          |             |               |
| Water           |                              |                      |                 |            |             | Total     | Lead and    |             |               |
| System          | <b>Water System Facility</b> | Sampling Poin        | t Sampling Poi  | nt         |             | Coliform  |             |             | Stage         |
| Facility ID     |                              | ID                   | Description     |            | Status      | Rule      | Rule Tier   | Asbestos    | WQP 2 DBPR    |
| 00600           | DISTRIBUTION SYSTEM          |                      | DISTRIBUTIO     |            | Α           | Υ         |             |             |               |
|                 |                              |                      | // WITHIN 5 SEF |            |             |           |             |             |               |
|                 |                              | UPSTREAM             | WITHIN 5 SEF    | RVICE CON  | l A         |           |             |             |               |
| 00700           | ENTRY POINT                  | 3                    | ENTRY POINT     | •          | Α           |           |             |             |               |
| 23053           | WELL #1                      | 2                    | WELL #1         |            | Α           |           |             |             |               |
|                 |                              | Co                   | ntact Infori    | mation     |             |           |             |             |               |
| Name            |                              |                      | Organization    |            |             |           |             | Job Title   |               |
|                 | -1                           |                      |                 |            |             |           |             |             |               |

Spinning Reels, LLC

Mailing Address Line Two

Mobile Phone

Member

State

 $\mathsf{CT}$ 

Zip Code 06750

City

info@bantamcinema.com

Bantam

Emergency Phone Email Address

860-567-8332

Ms. Elizabeth Merz

**Business Phone** 

860-567-1916

P.O. Box 401

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

Fax

860-567-9098

| (                 | Johnsechick      | it Depa | ii tiiieiit t | n r ubiic    | . Hearu     | ווועו    | ikilig   | vvater      | Secu               | IOII    |                |
|-------------------|------------------|---------|---------------|--------------|-------------|----------|----------|-------------|--------------------|---------|----------------|
|                   | Wat              | er Qua  | lity Moni     | toring a     | and Con     | nplia    | nce S    | chedul      | le                 |         |                |
| PWS ID F          | PWS Name         |         |               |              |             | Classif  | ication  | Population  | Owner <sup>-</sup> | Туре Р  | rimary Source  |
| CT0740604 E       | BANTAM CINEMA    | 4       |               |              |             | N        | IC       | 25          | Р                  | GW      |                |
| Local Address (wh | nere applicable) |         |               | Service      | Resider     | ntial Co | mmerci   | al Industri | al Cor             | nbined  | d Agricultural |
| 99 BANTAM LAKE    | ROAD             |         |               | Connection   | ons         |          | 1        |             |                    |         |                |
| Towns Served: LIT | CHFIELD          |         |               |              |             |          |          |             | ,                  |         |                |
| Name              |                  |         | ı             | Organization |             |          |          |             | Jol                | o Title |                |
| Bantam Supply C   | ompany Inc       |         |               |              |             |          |          |             |                    |         |                |
| Mailing Address L | ine One          |         | Mailing Addre | ess Line Two |             |          |          | City        | S                  | tate    | Zip Code       |
| 99 Bantam Rd      |                  |         |               |              |             |          | Litchfie | ld          |                    | СТ      | 06750          |
| Business Phone    | Extension        | Fax     | Mo            | bile Phone   | Emergenc    | y Phone  | Email A  | ddress      |                    |         |                |
| Contact Role(s):  | Owner            |         |               |              |             |          |          |             |                    |         |                |
| Name              |                  |         |               | Organization |             |          |          |             | Jol                | o Title |                |
| Mr. Peter A Aziz  |                  |         |               | Bantam Supp  | oly Co. Inc |          |          | President   |                    |         |                |
| Mailing Address L | ine One          |         | Mailing Addre | ess Line Two |             |          |          | City        | S                  | tate    | Zip Code       |
| 99 Lake Rd        |                  |         |               |              |             |          | Bantan   | ı           |                    | 06750   |                |
| Business Phone    | Extension        | Fax     | Mo            | bile Phone   | Emergenc    | y Phone  | Email A  | ddress      |                    |         |                |
| Contact Role(s):  | Legal Contact, O | wner    |               |              |             |          |          |             |                    |         |                |

Connecticut Department of Dublic Health Drinking Water Section

# Please note the following:

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                      | _                           |                 |              |            |      |        |         |          |       |            |         |               |
|----------------------|-----------------------------|-----------------|--------------|------------|------|--------|---------|----------|-------|------------|---------|---------------|
|                      | Connecticut Dep             | partment of     | Public F     | Iealth     | Dı   | rink   | ing V   | Vater    | Se    | ction      |         |               |
|                      | Water Qu                    | iality Monit    | oring an     | d Com      | ıpl  | liand  | ce Scl  | hedul    | e     |            |         |               |
| PWS ID               | PWS Name                    |                 |              |            | _    |        |         |          |       | ner Type F | rimary  | Source        |
| CT0740614            | EBNER CAMPS, INC (CAM       | P CHINQUEKA)    |              |            |      | NC     |         | 25       |       | Р          | G۷      | V             |
| Local Address (      | where applicable)           |                 | Service      | Resident   | tial | Comm   | nercial | Industri | al    | Combined   | l Agric | cultural      |
| 1519 BANTAM          | ROAD                        |                 | Connections  |            |      |        |         |          |       | 1          |         |               |
| Towns Served:        | LITCHFIELD, WASHINGTON      |                 |              |            |      |        | '       |          |       |            | '       |               |
|                      |                             | Monito          | oring Requ   | uireme     | nts  | 5      |         |          |       |            |         |               |
| Water System         | n Facility: DISTRIBUTION    | SYSTEM (WSF I   | D: 00600)    |            |      |        |         |          |       |            |         |               |
| <b>Total Colifor</b> | m (3100)                    |                 |              |            |      |        |         | 1        | . rou | itine (RT) | per qu  | ıarter        |
| Sampling             | Point (Sampling Point ID)   |                 |              | Monitorii  | ng F | Period | Colle   | ction Pe | riod  | Compl      | iance S | tatus         |
| Select fro           | m Inventory of Active Sampl | ing Points      |              | 4/1/19 -   | 6/3  | 0/19   |         |          |       |            |         |               |
|                      |                             |                 |              | 7/1/19 -   | 9/3  | 0/19   |         |          |       |            |         |               |
| <b>Physical Para</b> | ameters (PPS)               |                 |              |            |      |        |         | 1        | . rou | itine (RT) | per qu  | ıarter        |
| Sampling             | Point (Sampling Point ID)   |                 |              | Monitorii  | ng F | Period | Colle   | ction Pe | riod  | Compl      | iance S | tatus         |
| Select fro           | m Inventory of Active Sampl | ing Points      |              | 4/1/19 -   | 6/3  | 0/19   |         |          |       |            |         |               |
|                      |                             |                 |              | 7/1/19 -   | 9/3  | 0/19   |         |          |       |            |         |               |
| Water System         | r Facility: ENTRY POINT     | (WSF ID: 00700) |              |            |      |        |         |          |       |            |         |               |
| Nitrate And I        | Nitrite (NOX)               |                 |              |            |      |        |         |          | 1     | routine (  | RT) pei | r <b>year</b> |
| Sampling             | Point (Sampling Point ID)   |                 |              | Monitorii  |      |        | Colle   | ction Pe | riod  | Compl      | iance S | tatus         |
| ENTRY PO             | INT (3)                     |                 |              | 1/1/18 -   | 12/3 | 31/18  | 4       | 4/1-9/30 |       | C          | omplete | 5             |
|                      |                             |                 |              | 1/1/19 - : | 12/3 | 31/19  | 4       | 4/1-9/30 |       |            |         |               |
|                      |                             |                 |              | 1/1/20 -   | 12/3 | 31/20  | 4       | 4/1-9/30 |       |            |         |               |
| Water System         | n Facility: WELL #1 (WSI    | F ID: 47963)    |              |            |      |        |         |          |       |            |         |               |
| E. Coli (3014        | 4)                          |                 |              |            |      |        |         | 1        | rou   | itine (RT) | per qu  | ıarter        |
| Sampling             | Point (Sampling Point ID)   |                 |              | Monitorii  | ng F | Period | Colle   | ction Pe | riod  | Compl      | iance S | tatus         |
| WELL (2)             |                             |                 |              | 4/1/19 -   | 6/3  | 0/19   |         |          |       |            |         |               |
|                      |                             |                 |              | 7/1/19 -   | 9/3  | 0/19   |         |          |       |            |         |               |
|                      |                             | Other C         | ompliance    | Sched      | ule  | es     |         |          |       |            |         |               |
| Compliance Sc        | hedule Activity             |                 |              | L          | Due  | Date   |         | Achie    | ved   | Date       |         |               |
| RESPOND TO S         | ANITARY SURVEY              |                 |              | 7          | /12  | /2015  |         |          |       |            |         |               |
| SEASONAL STA         | RT UP COMPLETION            |                 |              | 4          | 4/1/ | /2019  |         |          |       |            |         |               |
|                      | Water                       | System Facili   | ity and Sai  | mpling     | Ро   | int Ir | nvent   | ory      |       |            |         |               |
| Water                |                             |                 |              |            |      |        | Total   | Lead     | and   |            |         |               |
| •                    | ter System Facility         | Sampling Point  |              | int        |      |        | Colifor |          |       |            |         | Stage         |
| Facility ID          |                             | ID              | Description  |            |      | Status | Rule    | Rule     | Tier  | Asbestos   | WQP     | 2 DBPR        |
| 00600 DIST           | TRIBUTION SYSTEM            | 4               | DISTRIBUTIO  |            |      | Α      | Υ       |          |       |            |         |               |
|                      |                             | DOWNSTREAM      |              |            |      | Α      |         |          |       |            |         |               |
|                      |                             | UPSTREAM        | WITHIN 5 SEE | RVICE CON  | 1    | Α      |         |          |       |            |         |               |

|             | Water                    | System Facili  | ity and Sampling P   | oint Ir | nventoi  | ſy        |          |     |        |
|-------------|--------------------------|----------------|----------------------|---------|----------|-----------|----------|-----|--------|
| Water       |                          |                |                      |         | Total    | Lead and  |          |     |        |
| System      | Water System Facility    | Sampling Point | Sampling Point       |         | Coliform | Copper    |          |     | Stage  |
| Facility ID | )                        | ID             | Description          | Status  | Rule     | Rule Tier | Asbestos | WQP | 2 DBPR |
| 00600       | DISTRIBUTION SYSTEM      | 4              | DISTRIBUTION SYSTEM  | Α       | Υ        |           |          |     |        |
|             |                          | DOWNSTREAM     | WITHIN 5 SERVICE CON | Α       |          |           |          |     |        |
|             |                          | UPSTREAM       | WITHIN 5 SERVICE CON | Α       |          |           |          |     |        |
| 00700       | ENTRY POINT              | 3              | ENTRY POINT          | Α       |          |           |          |     |        |
| 47963       | WELL #1                  | 2              | WELL                 | Α       |          |           |          |     |        |
| 57072       | ATMOSPHERIC STORAGE TANK |                |                      |         |          |           |          |     |        |
| 57074       | TRANSFER PUMP            |                |                      |         |          |           |          |     |        |
| 60260       | TREATMENT PLANT          |                |                      |         |          |           |          |     |        |

|                          | Co           | ontact Information |           |           |          |
|--------------------------|--------------|--------------------|-----------|-----------|----------|
| Name                     |              | Organization       |           | Job Title |          |
| Mr. Kevin R. Ebner       |              | Ebner Camps Inc.   | President |           |          |
| Mailing Address Line One | Mailing Addr | ress Line Two      | City      | State     | Zip Code |

|                                | Connectic        | ut Depa    | rtment of   | Public F          | lealth   | Drin     | iking                     | Water      | Section         | l              |
|--------------------------------|------------------|------------|-------------|-------------------|----------|----------|---------------------------|------------|-----------------|----------------|
|                                | Wa               | ter Qual   | lity Monite | oring an          | d Con    | nplia    | nce S                     | chedul     | le              |                |
| PWS ID                         | PWS Name         |            |             |                   |          | Classifi | Classification Population |            | Owner Type      | Primary Source |
| CT0740614                      | EBNER CAMPS, I   | NC (CAMP C | HINQUEKA)   |                   |          | N        | С                         | 25         | Р               | GW             |
| Local Address (w               | here applicable) |            | Service     | Resider           | ntial Co | mmercia  | al Industri               | al Combin  | ed Agricultural |                |
| 1519 BANTAM R                  | DAD              |            |             | Connections       |          |          |                           |            | 1               |                |
| Towns Served: LI               | TCHFIELD, WASH   | HINGTON    |             |                   |          | ·        |                           | ·          | ·               |                |
| 176 Migeon Aver                | nue              |            |             |                   |          |          | Torring                   | ton        | СТ              | 06790          |
| Business Phone Extension Fax V |                  |            |             | e Phone Emergency |          | / Phone  | Phone Email Address       |            | ·               |                |
| 860-379-4050                   |                  | 860-626-8  | 3301        |                   | 860-459  | -8473    | Kevin@                    | awosting.c | om              |                |
| I                              |                  | _          |             |                   |          |          |                           |            |                 |                |

# Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|                 | C  | onnecticut Depa            | rtmer      | nt of  | Public H            | ealth                | Dr    | inkind                      | <del>,</del> \//: | ater (                 | ٥٩٥  | ction                       |                              |
|-----------------|--|----------------------------|------------|--------|---------------------|----------------------|-------|-----------------------------|-------------------|------------------------|------|-----------------------------|------------------------------|
|                 | C  | Water Qua                  |            |        |                     |                      |       | _                           | _                 |                        |      | CUOII                       |                              |
| PWS ID          | P\   | WS Name                    | ility ivit | JIIIC  | oring and           | a Goii               | _     |                             |                   |                        |      | er Type Pi                  | imary Source                 |
| CT074512        |  | EST SHORE SEAFOOD LLC      |            |        |                     |                      | Olas  | NC                          |                   | 0                      |      | P                           | GW                           |
|                 |  | ere applicable)            |            |        | Service             | Residen              | tial  | Commerci                    |                   | dustria                | 1 (  | Combined                    | Agricultura                  |
| 442 BANT        |  |                            |            |        | Connections         |                      |       | 2                           |                   |                        |      |                             |                              |
| Towns Ser       | rved: LITC                                     | CHFIELD                    |            |        |                     |                      |       |                             |                   |                        |      |                             |                              |
|                 |  |                            | M          | onito  | oring Requ          | ireme                | nts   |                             |                   |                        |      |                             |                              |
| Water Sy        | /stem Fa                                       | cility: DISTRIBUTION S     | YSTEM (    | WSF II | D: 00600)           |                      |       |                             |                   |                        |      |                             |                              |
| Total Col       | liform (                                       | 3100)                      |            |        |                     |                      |       |                             |                   | 1 :                    | rout | tine (RT) ı                 | er quarter                   |
|                 |  | nt (Sampling Point ID)     |            |        |                     | Monitori             | ing P | eriod C                     | ollect            | ion Peri               |      |                             | ance Status                  |
| Selec           | ct from In                                     | ventory of Active Sampling | g Points   |        |                     | 10/1/18 -            | 12/   | 31/18                       |                   |                        |      | Co                          | mplete                       |
|                 |  |                            |            |        |                     | 1/1/19 -             | 3/3   | 1/19                        |                   |                        |      | Co                          | mplete                       |
|                 |  |                            |            |        |                     | 4/1/19 -             | 6/3   | 0/19                        |                   |                        |      |                             |                              |
|                 |  |                            |            |        |                     | 7/1/19 -             | 9/3   | 0/19                        |                   |                        |      |                             |                              |
| -               |  | ters (PPS)                 |            |        |                     |                      |       |                             |                   | 1 :                    | rout | tine (RT) <sub> </sub>      | oer quarter                  |
|                 |  | nt (Sampling Point ID)     |            |        |                     | Monitori             |       |                             | ollect            | ion Peri               | od   | Compli                      | ance Status                  |
| Selec           | Select from Inventory of Active Sampling Point |                            |            |        | 10/1/18 - 12/31/18  |                      |       |                             |                   |                        |      | mplete                      |                              |
|                 |  |                            |            |        |                     | 1/1/19 -             |       |                             |                   |                        |      | Со                          | mplete                       |
|                 |  |                            |            |        |                     | 4/1/19 -             |       |                             |                   |                        |      |                             |                              |
|                 |  |                            |            |        |                     | 7/1/19 -             | 9/3   | 0/19                        |                   |                        |      |                             |                              |
| •               |  | cility: ENTRY POINT (V     | WSF ID: 00 | 0700)  |                     |                      |       |                             |                   |                        |      |                             |                              |
|                 |  | ite (NOX)                  |            |        |                     |                      |       |                             |                   |                        |      |                             | T) per year                  |
|                 |  | nt (Sampling Point ID)     |            |        |                     | Monitori             |       |                             | ollect            | ion Peri               | oa   |                             | ance Status                  |
| ENIR            | RY POINT                                       | (3)                        |            |        |                     | 1/1/18 -             |       |                             |                   |                        |      |                             | mplete                       |
|                 |  |                            |            |        |                     | 1/1/19 -<br>1/1/20 - |       |                             |                   |                        |      | Co                          | mplete                       |
|                 |  |                            | Dublic     | Not    | ification R         |                      |       |                             |                   |                        |      |                             |                              |
|                 |  |                            | Public     |        |                     | _                    |       |                             | -4:6:             | .41                    |      | DN Com                      | ification.                   |
| Violation/      | /Situation                                     | า                          |            | C      | ompliance<br>Period | Notice<br>Tier       |       | <u>Public N</u><br>Required |                   | <u>ition</u><br>formed |      | <u>PN Cert</u><br>ue to DPH | <u>ification</u><br>Received |
|                 |  | R Violation                |            | 10/1/  | /09 - 12/31/09      | 2                    |       | 4/1/2010                    | Per               | jornieu                |      | /11/2010                    | Keceiveu                     |
| Total com       | ioiiii ivia                                    |                            | vctom [    |        |                     | _                    |       |                             | nto               | ~                      |      | 711/2010                    |                              |
| Marken          |  | vvaler 3                   | ystein r   | aciii  | ty and Sar          | ııpınıg              | PU    |                             |                   |                        | 1    |                             |                              |
| Water<br>System | Water S  | System Facility            | Samplina   | Point  | Sampling Poi        | nt                   |       |                             | otal<br>iform     | Lead a                 |      |                             | Stage                        |
| Facility ID     |  | y seem i domey             | ID         |        | Description         |                      |       |                             | Rule              |                        |      | Asbestos                    | WQP 2 DBP                    |
| 00600           |  | UTION SYSTEM               | 4          |        | DISTRIBUTION        | J                    | '     | A                           |                   |                        |      |                             |                              |
|                 |  |                            | DOWNSTI    | REAM   | WITHIN 5 SER        |                      | V     | Α                           |                   |                        |      |                             |                              |
|                 |  |                            | UPSTRE     | AM     | WITHIN 5 SER        | VICE COI             | V     | Α                           |                   |                        |      |                             |                              |
| 00700           | ENTRY F  | POINT                      | 3          |        | ENTRY POINT         |                      |       | Α                           |                   |                        |      |                             |                              |
| 53106           | WELL 1   |                            | 2          |        | WELL 1              |                      |       | Α                           |                   |                        |      |                             |                              |
|                 |  |                            |            | Con    | tact Inforr         | nation               |       |                             |                   |                        |      |                             |                              |
| Name            |  |                            |            |        | rganization         |                      |       |                             |                   |                        |      | Job Title                   |                              |
| Ms. Susan       | n F. Berta                                     | ccini                      |            |        | est Shore Seaf      | ood LLC              |       |                             | Me                | mber                   |      | 100 7100                    |                              |
| Mailing Ac      |  |                            | Mailing A  |        | s Line Two          |                      |       |                             | Ci                |                        |      | State                       | Zip Code                     |
|                 |  |                            | 8.         |        |                     |                      |       |                             |                   | ,                      |      |                             | 1                            |

Mobile Phone

Morris

susie@westshoreseafood.com

Emergency Phone Email Address

860-201-7014

06763

CT

449 Bantam Lake Rd.

**Business Phone** 

860-567-8000

Extension

Contact Role(s): Administrative Contact

Fax

860-567-8828

| PWS ID   | PWS Name               |         |          |              |        | Classif     | ication    | Population     | Owner Type | Primary Source |
|--|------------------------|---------|----------|--------------|--------|-------------|------------|----------------|------------|----------------|
| CT0745124 \  | VEST SHORE SEAF        | OOD LLC |          |              |        | NC          |            | 30             | Р          | GW             |
| Local Address (wh                                      |                        | Service | Resident | tial Co      | mmerci | al Industri | al Combine | ed Agricultura |            |                |
| 442 BANTAM LAKE ROAD                                   |                        |         |          | Connections  |        |             | 2          |                |            |                |
| Towns Served: LIT                                      | CHFIELD                |         |          | ·            |        | ·           |            |                | ·          |                |
|  | Organization Job Title |         |          |              |        | ٩           |            |                |            |                |
| Name   |                        |         |          | Organization |        |             |            |                |            |                |
|  | ccini                  |         |          | 442 Batam Rd |        |             |            |                |            | <u> </u>       |
| Ms. Linda E Berta                                      |                        | M       |          |              |        |             |            | City           | State      | Zip Code       |
| Mame Ms. Linda E Berta Mailing Address L 442 Bantam Rd |                        | M       |          | 442 Batam Rd |        |             | Litchfie   |                |            | -              |

CD Lite Health Detail to Marco C.

Contact Role(s): Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|             | C  |                      | 'D 11: II          | 1,1                                 | D .     | 1 .      | TAT      | , (        |          |                   |                           |  |
|-------------|--|----------------------|--------------------|-------------------------------------|---------|----------|----------|------------|----------|-------------------|---------------------------|--|
|             |  | Department of        |                    |                                     |         |          | _        |            |          | n                 |                           |  |
|             | Water  | <b>Quality Monit</b> | oring and          | d Com                               |         |          | _        |            |          |                   |                           |  |
| PWS ID      | PWS Name                                       |                      |                    |                                     | Classif | fication |          |            | wner Ty  | oe Pr             | imary Source              |  |
| CT074062    |  | OUND - WELL 3        |                    |                                     |         | IC .     |          | 5          | Р        |                   | GW                        |  |
|             | ress (where applicable)                        |                      | Service            | Resident                            | tial Co | ommero   | cial In  | dustrial   | Comb     | ined              | Agricultural              |  |
|             | IILL (ROUTE 202)                               |                      | Connections        |                                     |         | 1        |          |            |          |                   |                           |  |
| Towns Ser   | ved: LITCHFIELD                                |                      |                    |                                     |         |          |          |            |          |                   |                           |  |
|             |  | Monito               | oring Requ         | ireme                               | nts     |          |          |            |          |                   |                           |  |
| Water Sy    | stem Facility: DISTRIBUT                       | TION SYSTEM (WSF II  | D: 00600)          |                                     |         |          |          |            |          |                   |                           |  |
|             | liform (3100)                                  |                      |                    |                                     |         |          |          | <b>1</b> r | =        |                   | er quarter                |  |
| Samp        | oling Point (Sampling Point I                  | D)                   | 1                  | Monitoring Period Collection Period |         |          |          |            | d Co     | Compliance Status |                           |  |
| Selec       | t from Inventory of Active Sa                  | ampling Points       | 10/1/18 - 12/31/18 |                                     |         |          |          | Complete   |          |                   |                           |  |
|             |  |                      |                    | 4/1/19 -                            |         |          |          |            |          |                   |                           |  |
|             |  |                      |                    | 7/1/19 -                            | 9/30/2  | 19       |          |            |          |                   |                           |  |
| _           | Parameters (PPS) pling Point (Sampling Point I | ומי                  | 1                  | Monitorii                           | na Pari | iod i    | Collecti |            | =        |                   | er quarter<br>ance Status |  |
|             | t from Inventory of Active Sa                  | -                    |                    | .0/1/18 -                           |         |          |          |            |          |                   |                           |  |
| Jeice       | e from inventory of heave se                   |                      |                    | 19                                  |         |          |          |            | Прісте   |                   |                           |  |
|             |  |                      |                    | 7/1/19 -                            |         |          |          |            |          |                   |                           |  |
| Water Sv    | stem Facility: ENTRY PO                        | INT - WFII 3 (WSF IF | 0.00700)           | ., _, _                             | 3,00,   |          |          |            |          |                   |                           |  |
| •           | And Nitrite (NOX)                              |                      |                    |                                     |         |          |          |            | 1 routir | ne (R             | T) per year               |  |
|             | oling Point (Sampling Point I                  | D)                   |                    | Monitorii                           | na Peri | iod (    | Collecti | ion Perio  |          | _                 | nce Status                |  |
|             | WELL 3 (3)                                     | _,                   |                    | 1/1/18 - 12/31/18                   |         |          |          |            | Complete |                   |                           |  |
|             | - (-)  |                      |                    | 1/1/19 - :                          |         |          |          |            |          |                   |                           |  |
|             |  |                      |                    | 1/1/20 - :                          |         |          |          |            |          |                   |                           |  |
|             |  | Other Co             | ompliance          | Sched                               | ules    |          |          |            |          |                   |                           |  |
| Compliand   | ce Schedule Activity                           |                      | •                  | L                                   | Due Da  | ıte      |          | Achieve    | d Date   |                   |                           |  |
| RESPOND     | TO SANITARY SURVEY                             |                      |                    | 7                                   | /31/20  | 800      |          |            |          |                   |                           |  |
| RESPOND     | TO SANITARY SURVEY                             |                      |                    | 9                                   | /19/20  | )14      |          |            |          |                   |                           |  |
| RESPOND     | TO SANITARY SURVEY                             |                      |                    | 10                                  | 0/18/2  | 018      |          |            |          |                   |                           |  |
| SEASONAL    | START UP COMPLETION                            |                      |                    | 4                                   | 4/1/20  | 19       |          |            |          |                   |                           |  |
|             | Wa   | ter System Facili    | ty and San         | npling                              | Poin    | t Inve   | entor    | У          |          |                   |                           |  |
| Water       |  |                      |                    |                                     |         | 7        | Total    | Lead ar    | nd       |                   |                           |  |
| System      | Water System Facility                          | Sampling Point       |                    | nt                                  |         | Со       | liform   | Coppe      |          |                   | Stage                     |  |
| Facility ID | 1  | ID                   | Description        |                                     |         | atus     | Rule     | Rule Ti    | er Asbe  | stos              | WQP 2 DBPR                |  |
| 00600       | DISTRIBUTION SYSTEM                            | 4                    | DISTRIBUTION       |                                     |         | A        |          |            |          |                   |                           |  |
|             |  | DOWNSTREAM           | WITHIN 5 SER       | VICE CON                            | 1       | A        |          |            |          |                   |                           |  |
|             |  | UPSTREAM             | WITHIN 5 SER       | VICE CON                            | l .     | A        |          |            |          |                   |                           |  |
| 00700       | ENTRY POINT - WELL 3                           | 3                    | EP - WELL 3        |                                     |         | A        |          |            |          |                   |                           |  |
| 54792       | WELL 3   | 2                    | WELL 3             |                                     |         | Α        |          |            |          |                   |                           |  |
|             |  | Con                  | tact Inforn        | nation                              |         |          |          |            |          |                   |                           |  |
| Name        |  | Or                   | ganization         |                                     |         |          |          |            | Job T    | itle              |                           |  |
| Ms. Lelah   | Campo  | Co                   | zy Hills Campg     | round                               |         |          | Ow       | ner        |          |                   |                           |  |
| n a -11- a  |  | N A 111 A 1 1        | 11 T               |                                     |         | 1        | ٠.       | L          |          | . 1               | 7: 6 1                    |  |

City

admin@cozyhills.com

Bantam

Emergency Phone Email Address

860-281-4051

State

 $\mathsf{CT}$ 

Zip Code

06750

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

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Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-567-8117

1311 Bantam Road

**Business Phone** 

860-567-2119

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule               |

|                  | water quanty fromtering and comprisince beneaute |             |         |                |              |            |                 |  |  |
|------------------|--|-------------|---------|----------------|--------------|------------|-----------------|--|--|
| PWS ID           | PWS Name   |             |         | Classification | Population   | Owner Type | Primary Source  |  |  |
| CT0740624        | COZY HILLS CAMPGROUND - WELL 3                   | NC          | 25      | Р              | GW           |            |                 |  |  |
| Local Address (v | Local Address (where applicable)                 |             | Residen | tial Commerc   | ial Industri | al Combine | ed Agricultural |  |  |
| 11 COZY HILL (R  | OUTE 202)  | Connections |         | 1              |              |            |                 |  |  |
| Towns Served: L  | ITCHFIELD  |             |         |                |              |            |                 |  |  |

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

|             | Connecticut D                   | •                    |                      |                          |                 |                                    |              | ection     |                |  |
|-------------|---------------------------------|----------------------|----------------------|--------------------------|-----------------|------------------------------------|--------------|------------|----------------|--|
|             | Water (                         | <b>Quality Monit</b> | coring and Co        | ompli                    | ianc            | e Sch                              | redule       |            |                |  |
| PWS ID      | PWS Name                        | -                    |                      | Clas                     | sificatio       | on Pop                             | ulation Ow   | ner Type F | Primary Source |  |
| CT074513    | NORTHLAND PROPERT               | TES, LLC             |                      |                          | NC              |                                    | 25           | Р          | GW             |  |
| Local Add   | lress (where applicable)        |                      | Service Resid        | dential                  | Comme           | ercial                             | Industrial   | Combined   | d Agricultural |  |
| 583 BANT    | ΓAM RD                          |                      | Connections          |                          |                 |                                    |              | 1          |                |  |
| Towns Se    | rved: LITCHFIELD                |                      |                      |                          |                 |                                    |              |            |                |  |
|             |                                 | Monit                | oring Requiren       | nents                    |                 |                                    |              |            |                |  |
| Water Sy    | ystem Facility: DISTRIBUTION    | ON SYSTEM (WSF       | D: 00600)            |                          |                 |                                    |              |            |                |  |
| Total Co    | oliform (3100)                  |                      |                      |                          |                 |                                    | 1 ro         | utine (RT) | per quarter    |  |
| Sam         | pling Point (Sampling Point ID  | )                    | Moni                 | Compl                    | npliance Status |                                    |              |            |                |  |
| Sele        | ct from Inventory of Active San | npling Points        | 10/1/                | 18 - 1 <mark>2/</mark> 3 | 31/18           |                                    |              | Complete   |                |  |
|             |                                 |                      | 1/1/                 | 19 - 3/31                | 1/19            |                                    |              | C          | omplete        |  |
|             |                                 |                      | 4/1/                 | 19 - 6/30                | 0/19            |                                    |              |            |                |  |
|             |                                 |                      | 7/1/                 | 19 - 9/30                | 0/19            |                                    |              |            |                |  |
| Physical    | l Parameters (PPS)              |                      |                      |                          |                 |                                    | 1 ro         | utine (RT) | per quarter    |  |
| Sam         | pling Point (Sampling Point ID  | )                    | Moni                 | eriod                    | Collec          | ollection Period Compliance Status |              |            |                |  |
| Sele        | ct from Inventory of Active San | npling Points        | 10/1/18 - 12/31/18   |                          |                 |                                    |              | Complete   |                |  |
|             |                                 |                      | 1/1/19 - 3/31/19     |                          |                 |                                    |              | C          | omplete        |  |
|             |                                 |                      | 4/1/                 | 19 - 6/30                | 0/19            |                                    |              |            |                |  |
|             |                                 |                      | 7/1/                 | 19 - 9/30                | 0/19            |                                    |              |            |                |  |
| Water Sy    | ystem Facility: ENTRY POIN      | NT (WSF ID: 00700)   |                      |                          |                 |                                    |              |            |                |  |
|             | And Nitrite (NOX)               |                      |                      |                          |                 |                                    |              | _          | RT) per year   |  |
| Sam         | pling Point (Sampling Point ID  | )                    | Moni                 | toring P                 | eriod           | Colle                              | ction Period | Compl      | iance Status   |  |
| ENTI        | RY POINT (3)                    |                      |                      | .8 - 12/3                |                 |                                    |              | C          | omplete        |  |
|             |                                 |                      |                      | .9 - 12/3                |                 |                                    |              |            |                |  |
|             |                                 |                      | 1/1/2                | 20 - 12/3                | 1/20            |                                    |              |            |                |  |
|             | Wate                            | er System Facil      | ity and Sampli       | ng Poi                   | int In          | vento                              | ory          |            |                |  |
| Water       |                                 |                      |                      |                          |                 | Total                              | Lead and     | I          |                |  |
| System      |                                 |                      | Sampling Point       |                          |                 | _                                  | n Copper     |            | Stage          |  |
| Facility II | 0                               | ID                   | Description          |                          | <u>Status</u>   | Rule                               | Rule Tie     | r Asbestos | WQP 2 DBPR     |  |
| 00600       | DISTRIBUTION SYSTEM             | 4                    | DISTRIBUTION SYST    |                          | Α               | Υ                                  |              |            |                |  |
|             |                                 |                      | WITHIN 5 SERVICE     | CON                      | Α               |                                    |              |            |                |  |
|             |                                 | UPSTREAM             | WITHIN 5 SERVICE     | CON                      | Α               |                                    |              |            |                |  |
| 00700       | ENTRY POINT                     | 3                    | ENTRY POINT          |                          | Α               |                                    |              |            |                |  |
| 05501       | WELL 1                          | 2                    | WELL 1               |                          | Α               |                                    |              |            |                |  |
|             |                                 | Cor                  | ntact Informati      | on                       |                 |                                    |              |            |                |  |
| Name        |                                 | O                    | rganization          |                          |                 |                                    |              | Job Title  |                |  |
| Mr. Mark    | <b>Zappone</b>                  | N                    | orthland Country Liv | ing, LLC                 |                 | La                                 | and Owner    |            |                |  |
| Mailing A   | ddress Line One                 | Mailing Addres       | ss Line Two          |                          |                 | ,                                  | City         | State      | Zip Code       |  |
| D O D       | 4.0                             |                      |                      |                          | _               |                                    |              |            | 0.000          |  |

Mobile Phone

203-525-6202

P.O. Box 10

**Business Phone** 

860-567-3660

Extension

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Fax

860-361-6133

Schedule Generation Date: 4/11/2019 Page 45

Bantam

markzappone@gmail.com

Emergency Phone Email Address

06750

| PWS ID          | PWS Name       |           |               |              |             |            | ication        | Population    | Owner Type | Primary Source |
|-----------------|----------------|-----------|---------------|--------------|-------------|------------|----------------|---------------|------------|----------------|
| CT0745134       | NORTHLAND PROP | ERTIES, L | LC            |              |             | N          | С              | 25            | Р          | GW             |
| ocal Address (v | Service        | Residen   | tial Co       | mmerci       | al Industri | al Combine | ed Agricultura |               |            |                |
| 583 BANTAM RI   | )              |           | Connection    | IS           |             |            |                | 1             |            |                |
| Γowns Served: Ι | ITCHFIELD      |           |               |              |             |            |                |               |            |                |
| Name            |                |           |               | Organization |             |            | Job Title      |               |            |                |
| North Land Pro  | perties LLC    |           |               |              |             |            |                |               |            |                |
| Mailing Address | Line One       |           | Mailing Addre | ess Line Two |             |            |                | City          | State      | Zip Code       |
| 583 Bantam Rd   |                |           |               |              |             |            | Litchfie       | eld           | СТ         | 06750          |
| 583 Bantam Rd   |                |           |               |              |             |            |                | Email Address |            |                |

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End of schedule